2016

Iganga Street Children: Community Development Project

Mikaela Dwyer
Concordia University - Portland

Iganga Street Children: Community Development Project

Mikaela Dwyer
Concordia University – Portland

Presented to
The Graduate Program in College of Arts & Sciences in Partial fulfillment of
M.A. in International Development and Service

"It breaks my heart to think that just in Delhi, there are over 50,000 children who live on the streets. We have to change this. The only way to change this is by engaging with these children, the government and NGOs. We have to get our children off the streets. We have to give them access to education, we have to give them an identity."
- Dia Mirza, 2017

Abstract

Uganda has an estimated 2.5 million orphans, one of the highest numbers in the world. War and HIV/AIDS has left 25 percent of all households to look after at least one orphaned child. The orphaned children that don't end up in a household end up homeless, living and working on the street. Children living on the streets of Uganda experience violence and discrimination everyday. Many kids leave home because of domestic abuse, neglect, and poverty only to suffer the brutal realities of living on the streets. They now lack clean water, proper shelter, a nutritional diet, have health concerns and are constantly exposed to illicit drugs, and communicable and sexually transmitted diseases. Additionally, street children can be vulnerable to exploitation in the form of child labor, prostitution, and trafficking. These children become especially vulnerable because they lack a support system that seeks to improve their education, health, and overall well-being. The government of Uganda is failing to protect its homeless children against police brutalities and other human right violations.

Keywords: Street Children, Drug Abuse, Abandoned, Police Violence, Reintegration, Reunification, and Mental Health

Abbreviations

ART – Antiretroviral Therapy

ARV - Antiretroviral

LRA – Lord's Resistance Army

OVU – Orphans and Vulnerable Children

MOH – Ministry of Health

PTSD: Post-Traumatic Stress Disorder

UA – Africa Union

UN – United Nations

UBOS – Ugandan Bureau of Statistics

UNESCO – United Nations Educational, Scientific and Cultural Organization

UNDP – United Nations Development Program

UNICEF – United Nations Children's Fund

USA – United States of America

WHO – World Health Organization

Table of Contents

Chapter One: Introduction

1.1 Statement of the Problem

The phenomenon of children living on the street is not a new issue worldwide. This issue has brought awareness to humanitarian, religious, and governmental agencies for more than thirty years (Marrengula, 2010). In 1951, the United Nations Educational, Scientific and Cultural Organization (UNESCO) first coined the term "street child" while referring to transient children following World War II and it was then fiercely discussed by the international community in the wake of the International Year of the Child in 1979 (Panter-Brick, 2001). This resulted in the formation of the Inter-NGO Program on street children and street youth in 1982.

In 1986, The United Nations Children's Fund (UNICEF) executive board developed and instated numerous priority measure on behalf of "children in special and difficult circumstances" (Marrengula, 2010). UNICEF added a special emphasis on the protection of street children and "developing strategies, which would defend their rights, avoid their exploitation, and respond to their personal, family, and community needs" (Tacon & Lungwangwa, 1991, p. 7).

More recently, scientific discussion on the issue of street children and the children's rights has increased among academics from various fields. Researchers, humanitarians, and NGOs have continued to be puzzled for a solution, focusing their concern on how to generate strategies for child protection, social reintegration, and overall well-being among street children as well as reducing risk factors of the phenomenon both locally and internationally (Marrengula, 2010).

The challenge of protecting street children is commonly seen as an issue faced by developing countries. Literature often describes street children as minors living in a disorganized state, squatting illegally in abandoned buildings or slums. Further, they are often described as

psychologically damaged irreversibly, unable to form relationships, and therefore destined to be emotional and economic disappointments as adults. In her book, *Children, Youth and Development,* Ansell (2016) writes that while street children run to the streets to avoid problems at home, the consequences of living on the streets end up magnifying their inabilities to find healthy livelihoods. When academics discuss the phenomenon of street children, they usually start by addressing the ongoing challenges in the developing world. With war, genocide, famine, plague, destabilization, weak government structure, limited economic opportunity, and corruption, the world's poorest continue to fall into poverty's cyclical trap. For each of these negative circumstances, children increasingly have nowhere to turn. According to UNESCO, there are up to 150 million street children in the developing world today. UNESCO (2017) states that many of the children are "chased from their homes from violence, war, socio-economic collapse, death of a parent, and natural disaster" (p.1). The study goes on to mention that in the developing world, there is little assistance to help the most vulnerable children, forcing them to scavenge, beg, and sleep in the polluted slums of some of the poorest countries in the world (2017).

NGOs and human rights organizations continue to focus on street children as an issue of the global south. This has created an assumption that the street children phenomenon is not an issue in the developed world, which is simply not true. The developed world looks at their homeless and abandoned youth in a completely different light, but many studies demonstrate the existence of street children in the United States, Canada, Australia and throughout Europe (Council of Baltic Sea States, 2003). One of these studies includes the Council of Baltic Sea States Committee's (2003) report, which mentions the existence of street children in Finland, Germany, Estonia, along with other European nations. In the book *Street Children and Homeless*

Youth, Aptekar and Stoecklin (2014) discuss the differences and unique challenges between street children in the developed world versus those living in developing countries. Their conclusion is that it all comes down to resources. In a country like Thailand, a street child has a greater chance of ending up in the red light district, selling their body for food (Aptekar & Stoecklin, 2014). In a country like the United States, a homeless youth can turn to extended family, the department of human services, a foster home, a hospital or one of various nonprofit services. One horrific event the authors refer to is the 1993 murder in Rio de Janeiro, where street children were lined up and shot in front of a church in order to "clean up" the streets. (Aptekar & Stoecklin, 2014). The authors do not argue that the plight of the children in the developed world should be compared to the children in developing countries but rather expressed that the situations are generally different (Aptekar & Stoecklin, 2014).

1.2 Defining Street Children

In regards to defining the concept of a street child, many studies conducted by humanitarian agencies and academics have reflected on the idea of street children in different social contexts and realities (Marrengula, 2010). The lack of a standard definition for what constitutes street children is related to the fact that street children have multidimensional and heterogeneous traits, requiring a context-based analysis of each child. In any case, researchers and organizations working across the globe, whose interests lie with the issues related to children's rights and protection, have been addressing the need for a universal definition or structure to outline what they mean when discussing a "street child." As for now, it seems as though definitions are made on the basis of some categorization of their region's characteristics, social networks, and culture.

In 1983, the Inter-NGO Program for Street Children and Street Youth provided their first attempt at defining a street child. The agency wrote: “those children for whom the street more than their family has become their real home, a situation in which there is no protection, supervision or direction from responsible adults” (Ennew, 1994, p. 15). This definition immediately struck up some arguments amongst the development community. Panter-Brick (2001) argues that there are several terms that could lead to confusion such as the meaning given to ‘family,’ ‘protection,’ or ‘responsible adults,’ as well as the meanings behind ‘home’ and ‘childhood’ which are expressions with different conceptualizations in varying cultures and countries. For example, in some Latin cultures, being homeless is rendered as “desamparado”, meaning without protection or the comfort of other people or in Japan, homeless people are referred to as “khate,” meaning rag-picker (Panter-Brick 2001).

In lieu of discrepancies, there have been many other attempts to define the term ‘street child’ in the NGO community. For example, the United Nations Children’s Fund (UNICEF) first categorized street children as “children of the street, as those who have a family accessible to them but have made the street their home; or return their family settings at night” (Panter-Brick 2001, p. 150). Other categories of street children were proposed by Tudorie-Ghemo (2005), presenting five categories of street children: throwaway children, run-away children, slum children, dump children, and lastly, bush children.

Today, the most commonly accepted definition of a street child is “any girl or boy who has not reached adulthood, for whom the street (in the broadest sense of the word, including unoccupied dwellings, wastelands, etc.) has become her or his habitual abode and/or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adults” (UNESCO, 2016, p. 1). In a similar definition, the UNHCR (2016) defines “street children” as

"children who work and/or sleep on the streets" (p. 1). Such children may or may not necessarily be adequately supervised or cared for by reliable adults. UNICEF adds that a street child is homeless and living entirely on her or his own amongst other street children or homeless adults (UNICEF, 2015, p. 1).

The combination of all these definitions has led to a process of negative stigmatization of who are or are not street children, and in practice, these definitions do not contribute to a better understanding among social workers, researchers, humanitarians or psychologists. The definitions also fail to mention whether these children's circumstances are chronic or fluid. Additionally, there is a lack of correspondence in the ways the children themselves relate to their experiences.

Many definitions such as 'children without a family' and 'abandoned children' lack precision and are mostly taken for granted and applied without a deep reflection on their contextual meaning. This position is now widely spread amongst the international community, including but not limited to the UNCHR, UNICEF, and the Council of the Baltic Sea States. These international actors argue that the meaning of street children is not clear and it needs more reflection to clarify. The following table summarizes the most common categories and definitions used today for street children worldwide.

Category	Definition	Observation
"Street child or youth"	"any girl or boy who has not reached adulthood, for whom the street (in the broadest sense of the word, including unoccupied dwellings, wasteland, etc.) has become her or his habitual abode and/or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adults"	(Inter-NGO, 1985)
"Children of the streets"	"Children, who have left home, live on the streets day and night. They maintain limited or nonexistent contact with their family environment and often struggle to survive entirely on their own"	(UNICEF, 1998)

"Children at risk"	"This definition covers a wide range of young people exposed to risk as a result of their way of life: victims of exploitation in the family environment, inmates from penitentiary institutions, survivors of human or natural catastrophe, HIV/AIDS, and so on"	(UNICEF, 1998)
"Homeless children"	"Children who are born and live on the street together with their families"	(Tsotetsi, 1998)
"Street child"	Street children are minors who live and survive on the streets. They often grow up in public landfills, train stations, or under bridges of the world's major cities. Because of conflicts with their family, these children don't want to or can't return home.	(Humanium, 2011)
"Run-away street children"	Children who have run away from their homes due to deprivation, physical or sexual abuse, alcohol abuse and general peer pressure to join the 'perceived' freedom that street life seems to offer.	(Tsotetsi, 1998)

Table 1: Definitions of Street Children

For the purpose of this study, the term "street children" will be used to refer to children who work and/or sleep on the streets. Such children may or may not have adequate supervision by responsible adults. The children studied are more or less completely on their own, living with other street children and/or homeless adults. It is also important to note that "children on the street" can refer to children earning their living by working and begging on the streets. These children may still have contact with their families. The distinction is important since "children on the street" have families or homes to return to, whereas "children of the street" or "street children" live on the streets and likely lack parental, emotional, and psychological support commonly found in family units. Lastly, in this study, the term street child means any girl or boy below 18 years of age.

1.3 Context of the Project: Uganda

Uganda's history contains a violent past punctuated by brutal conflicts, some of which continue to disrupt the country today. The militarization of society, the de-institutionalization of politics, and the divide between the north and south have been identified as the root causes of the terror and violence that now characterize Uganda's post-colonial history (UNICEF, 2011). The country has seen some stability since Yoweri Museveni became president in 1986. However, the ongoing issues of corruption, poverty, HIV/AIDS, and high mortality rates have continued to affect the lives of the people throughout Uganda. Although Uganda is among the few countries in Sub-Saharan Africa that have seen a decline in deaths by HIV, recent evidence shows that HIV prevalence is rising in rural parts of the country (UNAIDS, 2015). It is estimated that there are over a million AIDS-orphans living in Uganda (UNESCO, 2016). These children, on whose lives the AIDS epidemic has a significant social, economic, and psychological impact, are more vulnerable and therefore more likely to end up homeless and living on the streets. The poverty in Uganda, as well as the HIV/AIDS epidemic and the conflict in Northern Uganda, are all underlying causes for the rising number of street children in Uganda.

In many regions of the world, the phenomenon of street children remains unabated. Behind each child living on the street there is a highly vulnerable family, community, and population struggling to come to terms with economic liberalization and the growing inequality. Street children are an alarm signaling the dire need for social development and poverty reduction policies to improve the situation of the community at large, and to prevent more young people from becoming marginalized. While preventative interventions are essential, those children already facing the hardships of street life need immediate assistance and opportunities.

Uganda has one of the largest proportional populations of youth in the world with over 56% of its 37 million people under the age of 18, and more than 52% under the age of 15

(Ministry of Gender Labor, and Social Development, 2012). According to the OVC Situation Analysis of 2012, 57.4 percent of the Ugandan population of 30.7 million is composed of children alone (Ministry of Gender Labor, and Social Development, 2012, p. 1) Children are the single largest demographic group living in poverty in Uganda (New Vision, 2014). Human Rights Watch reports that the number of children living on the streets in is increasing rapidly. The total number of street children in Uganda, however, is unknown (Human Rights Watch, 2014). Street children in the capital, Kampala, and throughout Uganda's urban centers face violence and discrimination by the police who are meant to assist them, local government officials, their peers, and the communities in which they work and live (Human Rights Watch, 2014). Some left home in search for work while others left because of domestic abuse, neglect, broken families, and extreme poverty only then to be exploited by older children and homeless adults on the streets. These children lack access to clean water, food, medical attention, adequate shelter, and education.

Police brutality is among one of the greatest challenges street children face. Police officials and communities often treat street children as a part of the larger crime population, arbitrarily arresting, detaining, beating, and mugging them (Human Rights Watch, 2014). Street children are often the first suspects when a petty crime, such as theft, is committed. In a study done by Human Rights Watch (2014) of Ugandan street children, many children expressed their fear of the authorities and a total lack of protection on the streets. Police and officials in major urban areas such as Kampala, Jinja, and Mbale, threaten the children at night, beating them with batons, whips, or wires while demanding money. In order to avoid further abuse or detention, children will hand over whatever money they have left from that day.

Additionally, homeless adults, some of whom are former street children, will abuse newcomers and their younger peers. Homeless adults will beat, kick, burn, rape, and force narcotics on the younger children (New Vision, 2014). In cities such as Kampala, older street children and homeless adults will create territories throughout the city, and if a child wants to sleep there they must pay (New Vision, 2014). This had led to the children and homeless adults forming violent gangs that control the major streets at night, dealing drugs, prostituting young girls, and robbing homes or mugging other individuals on the street (UNICEF, 2010). A journalist investigating the streets in Gulu, described these gangs as having "strict rules among themselves, like small empires with leaders" (Human Rights Watch, 2014).

The most common drug amongst street children is "aviation fuel," glue, and marijuana, which they snort or smoke in order to get a quick and easy high. Often, the older children force aviation fuel on the younger children to more easily control them and force them into cheap labor or sex. Once addicted, the children have to pay the leaders up to 500 shillings ($0.20) for a bottle cap full (Swahn, 2012). In the Human Rights Watch report (2014), children claimed that sniffing glue or smoking marijuana made them forget their hunger, and it was easier to sleep at night, keeping the cold away.

The Ugandan government has enacted several policies to address the issue of orphans and vulnerable children's (OVC's) and street children. The support that the government gives to the vulnerable children, however, has not gone further than the creation of new laws and policies. New policies are enacted each year, but there is little follow-up or action on the government's part. In 2004, the Ugandan government launched the National OVC Policy as an overall strategy to combat the plight of vulnerable children with three key forces on education, healthcare, and protection (Kalibala & Elson, 2010). Previously, in 1996, Uganda enacted the Children Statute,

now known as the Children Act, to provide a legal framework for the protection of at risk youth. Uganda is also a signatory to the Convention to the Right of the Child (CRC) being spearheaded by the Ministry of Gender, Labor, and Social Development but it has been delayed by the poor implementation (UNICEF, 2013). When considering street children alone, the capital city of Kampala has also initiated programs in the attempt to combat child homelessness. The Kampala City Authority has responded by rounding up street children for rehabilitation and reunification (Nanonzi, 2013). This idea, however, has been widely mistreated by the police and government officials due to the strong negative stigma versus street children in Uganda. Police now target homeless children, round them up, beat them, then detain them without charge. Many of the children will end up back on the streets after a few days or sometimes weeks after bribing the police officers or being forced to work for them (New Vision, 2014).

Chapter 2: Literature Review

2.1 Uganda

Historical Overview

Widely known as the "Pearl of Africa," Uganda is a vibrant country with stunning lakes, rivers, savannahs, hills and tropical forests. Uganda is home to over 1,000 bird species, and over half of the world's endangered mountain gorillas (Leggett, 2001). The country lies in East Africa surrounded by Kenya, Sudan, Tanzania, Democratic Republic of Congo, and Rwanda. Although beautiful, Uganda has a rich and sometimes dark history.

After the Berlin conference (1884-1885), Britain gained control of most of eastern Africa, breaking the area up into numerous countries. One of those countries was Uganda. Prior to British control, Uganda consisted of hundreds of tribes and kingdoms the largest being Buganda, located in the southern most part of Uganda (Leggett, 2001). The British wanted to centralize the customs and cultures of Uganda; however, the original tribal kingdoms were still in place. Those from the Buganda tribe appealed to the British, offering themselves as tax collectors and labor organizers. The British agreed, leaving the native southerners to spread their culture throughout the country. Buganda imposed their traditional clothing, food, customs and language on the other tribes, and they also encouraged mission work to convert locals to Christianity or Islam (International Crisis Group, 2012). Natives despised these changes but Britain held on to their control. Many natives fought to keep their traditional values and customs while the rest became soldiers, laborers, and police for the new country. These issues created grief in the empire and in 1949, the angered people united together and burned down the houses of Ugandan officials. The rioters attempted to set new conditions for those in power but the British governor, Sir John Hall, denied their requests and called the riots an act of communism (Leggett, 2001). The African

Farmers Union was blamed for the attacks and was banned by British rule. The union was replaced with the Ugandan National Congress but the British quickly silenced them as well (International Crisis Group, 2012).

After World War One, Britain took complete control over Uganda and disregarded the native cultures and implemented their own. Ugandans were divided by religion and ethnicity. In 1962, after the Second World War and with the help of Milton Obote, Uganda declared its independence from Britain. Obote created a new constitution that made him president and abolished all tribal kingdoms, ultimately making him absolute ruler (Kasozi, 2007). In 1968, Idi Amin was appointed Major General of Uganda's People's Defense Force. Amin and Obote were involved in smuggling in illegal goods and gold from Zaire. The two had a disagreement that created a riff between them and Amin began creating alliances with major ethnic groups along the Nile and in South Sudan (Kasozi, 2007).

While Obote was away in Singapore, Amin and his troops sealed off all airports, major roads, raided Obote's home and took over the country's capital, Kampala. Radio reports then came out speaking of Obote's corruption and the Ugandan people were happy to see him leave office (Kasozi, 2007). One week later, Amin named himself President, Commander in Chief, Army Chief of Staff, and Chief of Air Staff. He quickly wrote his own constitution placing many military officials in high government positions while also placing military tribunes over civil law. Obote and his family fled and found refuge in Tanzania along with 20,000 other Ugandan refugees fleeing from Amin's rule (International Crisis Group, 2012). Amin and his military slaughtered anyone who was said to be a follower of Obote or rooted against him (Kasozi, 2007). Amin's soldiers went on to kill over 300,000 civilians including journalists, students, lawyers, foreigners, and religious leaders (International Crisis Group, 2012).

In 1978, Tanzanian enforcers ambushed Kampala. Amin escaped with his family and declared war on Tanzania. Tanzania was small with only 40,000 troops while Uganda had upwards of 750,000 (Kasozi, 2007). When Tanzania heard there was to be a counter-attack from Uganda, Ugandan refugees hiding in Tanzania as well as police officers and special militant groups joined the army bringing the number to 100,000 troops (Leggett, 2001).. With the help of Soviet weapons, Tanzanians slowly were able to win the war. Libya joined forces with Uganda but even with the additional 25,000 troops, Tanzania was able to declare victory in just over five months. In April 1979, Uganda was defeated and Amin was removed from office (Leggett, 2001). In 1986, Yoweri Museveni took the presidency and brought peace and stability throughout the country. In 1987, however, Joseph Kony created the Lords Revolutionary Army (LRA) (Invisible Children, 2014).

The LRA was meant to take power away from the government and rule Uganda under the 10 Commandments. In 1994, the LRA crossed the northern Ugandan border into South Sudan to establish new bases. Once it was clear that the LRA had allied with the powerful Sudanese government, the Ugandan government stepped in (Invisible Children, 2014). The LRA fought the National Resistance Army until 1995 when the LRA attacked and killed innocent civilians in a village attack. In 1996, the LRA kidnapped 139 schoolgirls from Aboke. In 2002, the NRA fought back on a major LRA militant base in northern Uganda. In retaliation, the LRA attacked Ugandan refugee camps, brutally murdering hundreds of refugees (Invisible Children, 2014). Soon after, however, the LRA quickly began to lose members. Upset that his movement was failing, Kony abducted 100,000 children and trained them for his militia. In 2005, Kony and the LRA moved into the Democratic Republic of the Congo. This worried neighboring countries and alarmed the world. In 2006, international meetings were held to discuss the fate of the LRA and

in August of that same year, the LRA agreed to sign a peace treaty that allowed them to keep their forces in South Sudan (UNICEF, 2010). This was short lived, however, because in 2008, the LRA bought new weapons and grew in numbers. In December of that year, the LRA attacked 400 civilians in an attack in the DR, breaking the treaty. After another attack in 2010, United States' President Barack Obama signed the Lord's Resistance Army Disarmed and Northern Uganda Recovery Act (Invisible Children, 2014). The act deployed 100 United States troops to provide aid against the LRA forces. In 2012, the African Union announced its plan to release 500 more troops from countries most affected by the LRA to hunt down and assassinate Kony. In 2017, there are very few reports of Kony's exact whereabouts but we do know that Kony is still active but has continuously been able to evade capture (Baddorf, 2017). In April of this year, the United States and Ugandan government have officially ended their mission to capture or kill Kony, whose fighting force has dwindled to 100 soldiers from a peak of 3,000 (Baddorf, 2017). Overall, Uganda lives in relative peace, but the ramifications of decades of civil war have taken its toll on the nation and its families.

Social and Economic Challenges

There is little question that economic performance and the distribution of income has a direct relationship with the physical quality of life in a country. If a country has a growing economy and distributes resources equitably, then there will be more money for health, education, and the provision of essential services. Conversely, if a country has a contracting economy, or if it distributes resources inequitably, then there will be few resources available to improve the physical quality of life for the mass population.

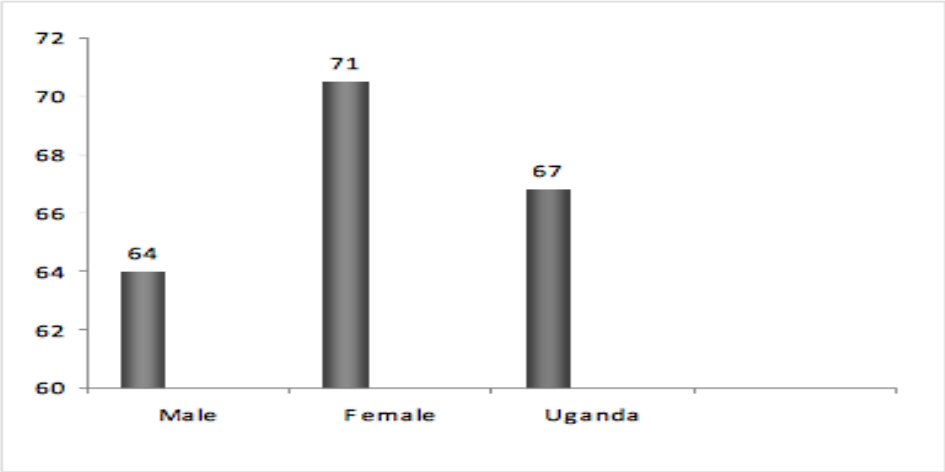
Those most affected in this situation are the children, who often have the lowest priority in trying circumstances (UNICEF, 2015). Regarding economic growth, Uganda's position has fluctuated since the country has been devastated by conflict and a seemingly corrupt government. Accordingly, much of the country lives in abject poverty while some areas are witnessing rapidly increasing urbanization.

While Uganda possesses fertile soil for agricultural and mineral resources and a substantial fishery along the Nile, the social and economic infrastructure of the country is not well developed, and grim social and national disorders continue to hinder economic success and development. The condition of Uganda's economy depends upon the maintenance and preservation of domestic peace and continued reception of substantial aid from foreigners, which is important to offset the extreme trade inequality and supplement government income (UBOS, 2014).

Most individuals outside Kampala are employed in the informal sector. The International Conference of Labor Statisticians (ICLS) defines informal employment as an informal position that is neither taxed nor monitored by the government (UBOS, 2010a). Informal employment is considered precarious work because of the instability. In most Ugandan towns, most people employed through the informal sector are women and children (T. Mayende, personal communication, February 3, 2016). Those in informal employment are not entitled to minimum wages, paid leave, medical benefits, or insurances. Figure 2, taken from an Ugandan National Household Survey in 2010, shows that overall, 67 percent of the working people in the non-agricultural sector were in informal employment. The proportion of females is 71 percent while their male counterparts were at 64 percent.

Uganda National Household Survey 2009/10

Figure 4.3: Informal Employment as percentage of Non-Agricultural Employment



(Figure 2, UBOS 2010)

Employment in the informal sector normally means self-employment. Women and children often will sell fruits, vegetables, crafts, clothing, and other goods in the local market or out of their homes. Men may find additional employment through small-scale farming, using their motorcycle as a taxi, and carpentry.

The UBOS defines the head of a household as the person who earns the greatest annual income (2014). On average, the monthly income for a household in Eastern Uganda is approximately 171,500 shillings ($50.00) (UBOS, 2010). In the most rural areas, the monthly income for a male-headed household is 160,300 shillings ($46.87) and just 130,000 ($38.01) shillings for their female counterparts (UBOS, 2010). In summary, the majority of the population in rural Uganda is living in abject poverty on less than two dollars a day. In many scenarios, two dollars needs to feed a family of ten (UBOS, 2010).

These extreme economic struggles affect children in specific ways. First, families have little to no income, which directly translates to less food, less medicine, less schooling, and fewer overall services for children. An increasing number of Ugandan families cannot afford even the

necessities of life (UNICEF, 2015). When a family is struggling financially, the mother or father will often send their elder children off to work. This generally means that the child is to stop attending school and find a way to earn an income for the family. In the worst case scenarios, parents or family members will abandon children, leaving them to fend for themselves or dropping them off at an orphanage in hopes they will have a greater chance of survival (Kyomuhendo, Senabulya, Matovu & Kiwanuka, 2004).

Orphans and Vulnerable Children

Uganda has a large number of orphaned and vulnerable children due to the high rates of HIV and AIDS related diseases (UNAIDS, 2015). Nevertheless, other factors such as war and poverty are also responsible for the high number of orphaned and vulnerable children. According to a 2009 report, out of 17.1 million children in Uganda, approximately eight million fall under the category of being an orphan (Kaliba & Elson, 2009). When it comes to caring for these children, many of them are looked after by extended family, most commonly their grandparents. Such fostering is a traditional norm in most African countries (Christiansen, 2005). However, some extended families in Uganda are not able to provide adequate care for orphaned children and this has resulted in economic challenges as well as alternative living arrangements such as child-headed households.

An analysis of data from demographic and health surveys in Cameroon, Ethiopia, Ghana, Kenya, and Uganda found over 85% of orphans not living with a surviving parent were living with extended family (UNICEF, 2015). Ardington (2005) found that orphans are still absorbed into extended families but single orphans are increasingly less likely to live with the surviving parent and there is an increasing reliance on grandparents as caregivers (Christiansen, 2005).

Additional research shows that fostered children may experience discrimination and abuse in extended family households. The forms and levels of abuse vary but include verbal abuse, beatings, sexual abuse by stepfathers, relatives, and neighbors, limited access to educational opportunities, and increased household workload (UNICEF, 2016). A study funded by UNICEF (2011), shows that in many African countries, orphans living in a household headed by a non-relative were four times less likely to be enrolled in school than those living in a household headed by an immediate relative, and orphans living with grandparents had no difference in enrolment than compared to non-orphans (Jini & Roby, 2011). Children in informal foster care arrangements may also face challenges in legal protection in cases where a legal guardian is not designated, thereby denying them the full legal protection of their rights as well as rights to money or land (USAID, 2010)

While poor individuals in African households are not necessarily more likely to become infected with HIV/AIDS, the impact of the disease is often magnified in conditions of poverty. For example, even though antiretroviral therapy (ART) treatment has been made free by the government, a poor family infected with HIV living in a rural community in Uganda may not be able to afford the transportation it takes to be seen at a clinic. Furthermore, government clinics in Uganda are intended to be entirely free but inadequate salaries and poor conditions lead to physicians and health care workers expecting additional money from their patients. This means that those living on less than a dollar a day will be unable to afford proper care for HIV/AIDS (UNAIDS, 2015). Additionally, deepening poverty has been found to reduce children's access to food, particularly in families that have taken in orphans (Gillespie, 2006).

Similar to other children suffering from chronic diseases and disabilities, children with HIV face health problems, which can affect school entry and progression. However, HIV-

positive children are subject to numerous other side effects. HIV can inflict neurological damage (Gillespie, 2008) leading to delays in development, loss of acquired motor skills, speech, adaptive and social skills and decreased interactions with the surrounding environment. There is evidence that early treatment and therapy can assist in prolonging or eliminating some of these ramifications. Children with HIV may also suffer from associated morbidities such as respiratory infections, malnutrition, and diarrhea in greater frequency and severity. In Kenya, children with HIV-infected parents were likely to be underweight and less likely to receive medical care for acute respiratory infections and diarrhea (UNAIDS, 2005).

Adolescents suffering from HIV or that have HIV-infected parents also deal with psychosocial health stresses in their environment with the likelihood of bereavement, poverty, changes in caregivers, and the negative stigma that comes with HIV (Hermenau, Kaltenbach, Mkinga & Gecker, 2015). Family stresses and public pressures are complicated for HIV-positive children and those just with HIV-positive parents. Many children wish to protect confidentiality about their own or their family member's HIV status from the community or school in fear of being ostracized or bullied (Tudorié-Ghemo, 2005).

Family Life and Domestic Violence

In many cases, a child might still have one surviving parent but they were handed off to a grandparent or relative in order for their parent to remarry. This is because in most cases a man will not marry a woman with children because the children are considered a burden. Daughters, however, are often accepted because they can be married off and receive a dowry. Sons, on the other hand, are almost never accepted because they are essentially another mouth to feed (Kretzmann & McKnight, 2009). Moreover, a single mother or father with vulnerabilities such as

illness or lack of employment may send their children to live with relatives in hopes of a better life for them.

Many families in Uganda are struggling to care for their children. The country has inherited a legacy of violence, extreme inequality and social dislocation from the years of war and corruption. This has generated high levels of domestic violence, alcohol and substance abuse, sexual abuse and neglect. More often than not a child will become orphaned because of a death in the family, however occasionally domestic abuse leads to family members being forced to split up or children running away. UNICEF reports that 50,000 children are victims of crimes each year, with sexual offenses constituting 40 percent. Research also indicates that the majority of the cases happen within the family (UNICEF, 2012).

The Lord's Resistance Army

Uganda is notorious for its violent history that killed up to half a million people during the 1970s and 1980s. First, the country fell under the military dictatorship of Idi Amin who viciously murdered thousands of civilians who opposed him. Then, Joseph Kony created a Lord's Resistance Army (LRA) that rampaged northern Uganda, recruited thousands of child soldiers and forced civilians into protection camps. The LRA would threaten the child soldiers into murdering their families and clans. Other offenses included burning people and cutting of their limbs. Within this twenty-year period, the rebel group drove large numbers of Ugandans off their land. This resulted in 1.8 million displaced people living in camps that were rampant with diseases and high mortality rates (Lancaster, Lacaille & Cakaj, 2011). The LRA leaders were driven out of Uganda in 2008 but thousands of children lost their families. The Amnesty Commission attempted to bring victims back into society but most homes and properties had

been destroyed by the violence and people had nothing to return to (Invisible Children, 2014). The years of conflict created a large number of widows and orphaned children with little care or access to social support services. Most of these children were dealing with extensive amounts of trauma and have been out of the education system for most of their lives (Lancaster & Lacaille &Cakaj, 2011). This has caused a substantial amount of children living on the street and migrating to larger metropolitan areas for work, food, and shelter.

Ugandan Street Children Phenomenon

The existence of street children has continued to be a sensitive issue for Uganda and developing countries alike. The phenomenon has provoked various stakeholders to address the problem and come up with a number of solutions and intervention programs. Over the year, various scholars have produced relevant literature, which critically addresses street children with recommendations for various types of programs that can be used to remove children from the street. Recently, the United Nations, USAID and other humanitarian organizations have determined several factors have been identified as catalysts that force children out of their homes and onto the streets of Uganda. The factors include but are not limited to: poverty, orphan hood, abandonment, domestic violence, crime, neglect, lack of support, and lack of education and/or life skills (UNICEF, 2015). Other identified factors are community values, cultural traditions, social and economic structures, child labor, family constructs, and sickness (Sekandi, 2010).

What is significantly missing from recent literature is the impact that stigmatization, abuse, post-traumatic stress disorder (PTSD), and neglect have on the wellbeing and mental wellness of street children. There is, however, a plethora of studies completed in the health sector on how deadly stigmatization can be on individual mental health in the West but still not much is

understood on the long-term effects or the individual's quality of life (Shalev, 2009). The level of societal stigmatization encountered by street children can hinder the success of any meaningful intervention attempt if the actors do not critically assess the impact the street has had on the children they are planning to help. In Uganda, most NGO and government initiatives have looked at the issue of street children as a lack of resources and have worked to solely fill those gaps without looking to the prevention of root causes or addressing the mental health of the children. When considering the overall situation of a street child, one cannot expect them to succeed just because they have been handed clean clothes and a free education. The children must be approached holistically. If they do not have the mental stability to or desire to succeed then no amount of forced education is going to change their life for the better. This explains why in Uganda, there are still thousands of street children who are staying as well as looking for continued existence on the city street (UNICEF, 2011).

In order to correct the lens that previous NGOs and the Ugandan government have looked through, we need to understand the entirety of the children's plight. We need to focus on the effects of mental illness, trauma and stigmatization as much as we focus on the causes and factors that pushed the children into their situations in the first place. We must recognize that being marginalized, criminalized, excluded, exploited, and considered unwanted can be far worse than some factors that are responsible for children ending up on the street (Swahn, 2012). Children living on the street are both physically as well as mentally vulnerable. To survive, children are forced to adapt to living in vulnerable circumstances and then they adopt various coping strategies (positive and negative ones).

Specifically in Uganda, the term 'street child' has a negative connotation. Children living on the streets are seen as an eyesore, a pollution of the cities and towns and called names such as

‘Muyaaye,’ which translates to words like hooligan, deviant, or criminal (Human Rights Watch, 2014). Street children can be found living or sleeping on the streets of any major city throughout Uganda, but are very prevalent in the capital, Kampala. They are ignored, rejected and abused by the surrounding community. The government of Uganda offers very little attention to the issue and there are few NGOs that care for the street children. Despite the fact that the UNHCR emphasized that governments should initiate public awareness campaigns to shed light on the plight of street children, the Ugandan government responded by removing the children through police force and dropping them off at rehabilitation centers designed to detain juvenile criminals (Human Rights Watch, 2014).

Adversely, the government strategy of rounding up deviant children and placing them in a ‘rehabilitation center’ hinders the children’s wellbeing and fails to provide them with actual support or resources. This approach has time and time again failed to solve the problem of children living on the streets and has not proven sustainable in the least bit (Bourdillon, Levison, Myers & White, 2010). Scared they will end up in detention centers, the children run from the government’s support and into illegal ways of survival (Human Rights Watch, 2014). This leads to vulnerable children being taken advantage of and then facing criminalization fuelled by stigmatization (Kevin, 2014).

The stigmatization and prejudice that street children in Uganda encounter in their daily lives makes them more vulnerable. However, even without stigmas and negative labels, the children are still forced into a life of no shelter, exposure to drugs, sexual exploitation, gang beatings, foraging through trash for food scraps, begging, stealing, child labor, and police abuse (Kevin, 2014). Any of these factors can lead to a child’s loss of dignity.

2.2 Effects of Being a Street Child

Overview

Street children in Uganda are compelled to beg, work illegally, steal, and prostitute themselves in order to survive. The effects on the child because of this way of life are devastating. The physical toll is taxing but the mental and emotional toll is demoralizing. Street children suffer from high rates of sexual abuse, drug abuse (petrol and glue), malnutrition, disease, depression, and anxiety. Children without a safe place to return to are left to weather the harsh rainy season, the extreme heat and cold, lack of sanitation (soap, bathrooms, water etc.), and environmental hazards. In addition to all of this, the children are considered dirty and unwanted by the general public. Some children are slapped, pushed, or verbally abused by citizens on the street in attempt to get them to stop begging. All of these problems are compounded by the emotional stress and abuse that goes along with begging, stealing, and prostitution. Even if street children were institutionalized for rehabilitation, they would still have to cope with the years of trauma, abuse, and sadness that many have endured. Street life in Uganda is extremely dangerous for children, stealing their childhood and producing circumstances that can end their lives.

Child Labor

Child labor has long been identified as a problem in many developing countries and in Uganda, child labor is a hindrance to the social-economic development of the country. The Convention on the Rights of a Child (CRC) stipulates that children “should be protected from economic exploitation and any work that is hazardous or interferes with schooling or is harmful to their health and development” (UNHCR, 2017). Sadly, according to the Uganda Bureau of

Statistics, Uganda still has extremely high rates of child labor. Kampala, the capital, has the highest percentage of child laborers at 29.2 percent, but it is closely followed by the Kawempe district with 27.7 percent, Nakawa at 17.9 percent, and Rubaga at 16 percent (Margaret, 2009). Roughly eight million children were trapped in slavery trafficking, debt bondage, prostitution, pornography and other illicit activities in 2009 (Margaret, 2009).

There is no question that child labor causes a rancorous cycle of hindered economic development and poverty. Child labor only eternalizes destitution by keeping the most vulnerable children out of school and limiting their prospects for upward social mobility (Margaret, 2009). This underscores the growing international recognition that finding a solution to child labor is more than just a resolution to poverty but rather a imperative to safe-guarding children's rights.

Light work is acceptable in every community. The National Institute of Occupational Safety and Health (NIOSH) defines light work as anything that isn't physically or mentally strenuous (NIOSH, 2017) When referring to children, light work can mean any non-hazardous activity completed within a safe place under observation and supervision by a family member or adult (Margaret, 2009). Light work can even have positive outcomes such as enabling children to learn the necessary work that is needed to upkeep a home, prepare food, take care of other children or animals, and instill work ethic and responsibility. Household activities if done moderately as a process of learning and exercising responsibility within the household can be a good thing as long as the work does not constitute as a threat to the child's well-being or prevent them from attending educational programs (Catani, Schauer, Elbert, Missmahhl, Bette & Neuner, 2009).

In Uganda especially, the culture of education also prepares children for adulthood.

Mainly, families and communities teach and train children to survive on their own, care for other children, prepare foods, and understand cultural norms, beliefs and collective opinions of the wider society (UNESCO, 2017). It also places a strong emphasis on learning practical skills and the acquisition of knowledge, which is useful to the individual and society as a whole. In broader terms, cultural education emphasizes on responsibility, job orientation, political participation, and spiritual and moral values.

Conversely, this is not the child labor the government or international community is concerned about. It is when a child is exploited, placed in a dangerous, unhealthy, immoral condition that is unacceptable. In 2007, Uganda passed the National Child Labor Policy in hopes to alleviate some of the struggles orphans and vulnerable children (OVCs) face. At that time, the policy would also help the country take a step towards the Millennium Development Goals (MDGs) for universal education (Kevin, 2014). The problem today, however, is Uganda's population continues to grow, being the world's youngest population (UNICEF, 2015). The government is finding it harder and harder to accommodate the number of children in need.

Street children represent a large pool of easily exploited workers in various types of labor. OVCs are an easy target for exploitation because they are already vulnerable, they are not attending school, they are looking for a solution, and they are often too young to know any better (Cantani & Schaur & Elbert & Missmahl, 2009). The exploited children end up working in a variety of industries. The vast majority of young boys are in the agricultural sector, where they are exposed to hard labor, long hours, and dangerous chemicals and equipment (Kyomuhendo, 2004). Other boys are recruited for manual labor positions such as dishwashers, cleaners, kiosk workers, miners, and brick masons. In exchange for the labor, the children are given a minimal amount of food.

Young girls are recruited as harvesters, and ‘house girls’ or maids, where they work long hours doing household chores, fetching water, tending gardens, and caring for younger children (Platform for Labor Action, 2003). House girls seldom have the opportunity to attend school because they receive little to no payment for their labor and therefore cannot afford school fees. In return for their work, a kind family may let the girl sleep at their home (Margaret, 2009). Moreover, house girls are frequent victims of sexual abuse by men in the home. In Uganda, societal views on rape generally blame the victim for tempting their perpetrator and so if a girl is found pregnant she will most often end up back on the streets with her baby (Margaret, 2009).

Prostitution amongst street children in Uganda is also a major problem. Recent literature reveals that child prostitution is the leading form of child exploitation in Uganda (US Department of State, 2016). The majority of girls are from poor families that have abandoned or neglected them so they have turned to the streets for survival (USDS, 2016). Although accurate estimates concerning the number of street children engaged in prostitution are not available, there is a consensus that the numbers are growing with the country’s population. More and more street girls are involved in prostitution as a means to survive and generate income for themselves and their families (Swahn, 2012). As time progresses and they adapt to life living on the streets, girls have also been known to sell their bodies for drugs, food, and shelter.

Increasingly boys and young men are also turning to prostitution for additional income. After the AIDS epidemic broke in Uganda in the late 1980s, sociologist Joel Best wrote the book *Troubling Children,* which studies the social issues affecting adolescents. Best (1999) writes that in Uganda, the alarming increase in AIDS has caused men to look for younger sexual partners in the belief that they will be free from disease. He continues by stating that this has caused a rapid increase in children contracting sexually transmitted diseased (STDs), including HIV (Best,

1999). Currently, the UNAIDS estimates that nearly 20 percent of children living with AIDS are in the five to fourteen age range, the group that has not contracted HIV at birth or through breastfeeding. Much of this increase is due to growing prostitution among the very young in the country (UNAIDS, 2015). Some estimates indicate that nine out of ten street girls have been treated for sexually transmitted diseases and that three out of ten are HIV positive (UNAIDS, 2015).

Child labor constitutes as one of the greatest sources of child abuse in Uganda (Margaret, 2009). Child labor violates the dignity of children and prevents them from a prospective bright future (World Vision, 2013). Uganda must recognize the close link between eliminating child labor and other important national concerns including poverty eradication, improving accessibility to education, and reducing the impact of the HIV/AIDS pandemic.

Substance Abuse

Drug abuse and alcoholism are at the forefront of societal problems in Uganda. Substance abuse is a pervasive problem, affecting directly or indirectly the overwhelming majority of individuals and families throughout Uganda (WHO, 2016). The deleterious impact of alcohol and drugs is devastating. The involvement of some children and adolescents in substance abuse often lead to different consequences. Such consequences include physiological and legal aspects (OSAC, 2016).

Substance abuse undermines physical and mental health. The National Institute on Alcohol Abuse and Alcoholism states that chronic alcohol abuse is can lead to diseases of the liver, central nervous system, and heart. Often, as in the case of the brain disorder Korsakoff's syndrome; the damage resulting from alcohol abuse can be irreversible (NIAAA, 2016).

Mental health disorders, on the other hand, often occur with substance abuse (Schmidt, 2015). Co-morbidity is relatively common, with up to one third of individuals with psychiatric disorders reporting a lifetime history of substance abuse disorders as well. In some instances, a psychiatric disorder can precede or even contribute to the development of substance abuse, whereas in others, emotional and behavioral disturbances arise within the context of alcohol and drug use problems (Schmidt, 2015).

A large body of research has presented the disproportionate representation of psychological dysfunction in substance abusers. Included are the problems in personality, mood, self-esteem, coping, dependency, and social functioning (Cummings, Wen & Druss, 2011). Once again, some of these psychological difficulties may be evident prior to the onset of substance abuse, although psychological functioning often worsens over time in individuals suffering with substance abuse disorders (Cummings et al., 2011).

Street children and adolescents in Uganda are also increasingly becoming more involved in drug abuse (Human Rights Watch, 2014). In a 2012 National Institute on Drug Abuse report, investigators analyzed 300 street youth living in Kampala. The researchers found that a majority of the children had either participated in drug abuse or witnessed it while living on the streets (NIDA, 2012). Additionally, the researchers found that alcoholism and drug abuse amongst the street children was a direct catalyst for increased risky sexual behavior and violence (NIDA 2012). For Uganda street youth, alcohol can be too expensive so the drug of choice is aviation glue. Aviation glue can easily be accessed by peddlers on the street or in home improvement shops (Human Rights Watch, 2014).

Disease and Sickness

Healthcare provision and infrastructure in Uganda are chronically underfunded and highly variable in quality. A system of "cost sharing" where hospitals must charge for treatments means that most Ugandans have to pay for healthcare when they fall ill (Ugandan Ministry of Health, 2010). The high cost of care leads many Ugandans to turn to cheaper and more traditional medicines rather than seeing a trained professional. As a result, those suffering with illnesses such as malaria will often delay care for as long as possible before seeking treatment (Kigozi et al., 2010). These periods of waiting can result in increased hospital expenses, serious illness, or even death for some patients (World Bank, 2015).

Uganda's infant mortality rate and life expectancy are among the worst in the world (Kigozi et al., 2010). More than 50 percent of Ugandans have no access to clean water, making them vulnerable to cholera and diarrhea (UBOS, 2015). Malaria and respiratory illnesses are widespread and are frequent causes of death yet less than 10 percent of children under five are sleeping with a mosquito net (WHO, 2016). Economic liberalization has created a healthcare system that places the poor at a stark disadvantage. Other major healthcare concerns are issues with basic hygiene practices, nutrition, women's and children's health, sexual and reproductive health and health education (Kigozi, Ssebunnya, Kizza, Cooper & Ndyanabangi, 2010).

Additionally, as previously mentioned, the spread of HIV/AIDS became one of the greatest health concerns for Uganda in the 1980s (UNAIDS, 2015). Ugandan president Yoweri Museveni was not aware of the deadly virus until a group of Ugandan solders were sent for training in Cuba. In September of 1986, Fidel Castro informed Museveni that 18 of the soldiers had the HIV virus, and this may indicate high numbers of the virus in Uganda (Christiansen, 2005).

Quickly, AIDS claimed millions of households throughout Uganda and has reduced life expectancy from 48 years to 43 years. The Ugandan government recognized the toll the epidemic was taking on the country and established the AIDS Control Program within the Ministry of Health to create policy guidelines for Uganda's fight against the virus (Christiansen, 2005). After launching their first AIDS program, the country also released AIDS education programs and campaigns promoting "abstinence only" rather than condom use or safe sex (MAAIF, 2005). Sadly, soon after releasing various campaigns and programs, the Ugandan government was caught misusing international funds directed towards AIDS relief and many scholars began questioning their success (Christiansen, 2005).

Uganda's healthcare performance is still ranked as one of the worst in the world by the World Health Organization (2015). A Ugandan's life expectancy is also among the lowest across the globe (WHO, 2015). According to the African Medical and Research Foundation (AMREF), one in every 200 births ends the mother's life, around 1 million people are living with HIV and although Malaria accounts for 14% of all deaths, less than 10% of children under five are sleeping with a mosquito net (AMREF, 2016). The government and NGOs also struggle with reaching those in the most remote villages of Uganda, leaving a large part of the population completely underserved (AMREF, 2016).

Today, AIDS is greatly stigmatized as a dirty viruses meant for only sinners in Uganda. The education on the subject is purely religious and anti-gay, teaching the community and youth to abstain from sexual intercourse entirely until marriage (UNAIDS, 2001). Now that sex and especially sexual relations among the same sex has been demonized within the country, many people search for intimate relations in secrecy on the streets (AVERT, 2013). As a result, Uganda's street children are at great risk for sexually transmitted diseases as well as poor health.

Rape, prostitution, sexual battering and exchange, unprotected casual sex, poor shelter, lack of adequate food or clean water, and constant mental and physical stressors weigh heavily on children's health (WHO, 2015).

A street child's homeless lifestyle makes them more vulnerable to major health risks and problems than children who live at home (Tudorié-Ghemo, 2005). Additionally, being that Uganda's healthcare system is set up for individuals to pay for each doctor visit, street children cannot afford to care for their illnesses. Homelessness, risky sexual behavior, and substance abuse can lead to growth and nutritional disorders in children (Kalibala & Elson, 2010). Additionally, the lack of shelter and security as well as dangerous behavior means children are at risk for physical injuries, sexual exploitation and abuse, mental health concerns, communicable diseases, respiratory infections, neglected tropical diseases, reproductive health disorders, mortality, and as previously mentioned, STDs (Kalibala & Elson, 2010).

Primary interventions that could prevent poor health and improve the health status of street children in Uganda include provision of safe shelter, proper nutrition and hygiene, health and reproductive health education, access to free healthcare, and protection from violence and substance abuse (Kalibala & Elson, 2010). Uganda's government needs to enact laws and policies that protect the health of all children, not just those who can afford it.

2.3 Mental Health

The Mental Health System in Uganda

In the 1990s, the Ugandan government declared mental illness as a serious public health concern and development issue. Consequently, the Ugandan Mental Health Program was initiated in 1996, and subsequently strengthened by the launch of the National Policy and Health

Sector Strategic Plan in 2000. Mental health is now included as one of the twelve components of the National Minimum Health Care Package to be provided at all levels of care.

Despite the reforms and subsequent improvement of mental health services, Uganda's mental health system still faces a number of shortcomings. The current Mental Health Act, last revised in 1964, is outdated and offensive. Furthermore, there is a general lack of trained human resources and a scarcity of funding, with no special provision for mental health funding in the draft mental health policy.

In a mental health assessment performed by the International Journal of Mental Health Systems, researchers found that the mental health system in Uganda is grossly underfunded and uncared for. The study found that per 100,000 patients, there were 1.83 beds in mental hospitals, 1.4 beds in community based psychiatric centers, and 0.42 beds in forensic facilities (Kigozi et al., 2010). Additionally, the total personnel working in mental health facilities were 310 (1.13 per 100,000 patients). Only 0.8 percent of the medical doctors and four percent of the nurses actually specialized in psychiatry. Butabika Hospital is the only mental hospital in Uganda. In Hungarian, the word Butabika means "silly bull". When it came to the quality of services in the only mental health hospital in Uganda, the journal's study found no reports of progress. None of the patients had been properly diagnosed and all of the patients were on similar medications. There were no separate rooms for adolescents and adults and most patients had to sleep on the floor because they or their families could not afford a cot (Kigozi et al. 2010). Secondly, all patients admitted to the hospital received one of the two main diagnostic groups: mood disorders and epilepsy. The study also found that it was common for patients accessing mental health services to encounter physical and emotional abuse with an inadequate quality of care. Furthermore, the hospital was past capacity and there were no records to show the average stay.

In a critique of the Uganda Mental Health Treatment Act, researchers Nyombi, Kibandama, and Kaddu explain that Butabika is offensive, stigmatizing and a violation of fundamental human rights. They stress, that even though the government claims to make mental health a priority, only a mere 0.07 percent of the health budget goes to providing mental health services. The lack of funding is partly due to a lack of knowledge about mental health, trauma, and disabilities (Nyombi, Kibandama & Kaddu, 2015).

Psychological Impact of Being a Street Child

The nomadic lifestyle, traumatic experiences, abandonment, and lack of security deprive street children from a normal and healthy development as well as impair their integration into society as a fully functioning member (Crombach, Bambonye & Elbert, 2014). Some of the children have spent several years living and sleeping on the streets with no security or family. Some children have left traumatic home experiences and extreme poverty. Others could have left their family and homes to find better opportunities but are now rejected from society because they are Karamajong. Some may even have been recruited by the LRA and forced to commit heinous acts against their friends and family (Martin, 2009). In any situation, the psychological impact of ending up and living on the streets is great

This severe and traumatic stress has deteriorating mental health effects such as the development of PTSD. Post-Traumatic Stress Disorder is a debilitating psychiatric condition that can block judgment; create rage, and spiral depression. In other circumstances, living on the street can bring on issues of severe depression, anger and anxiety (Cantani et al., 2009) According to the American Psychiatric Association (2017), in order to qualify as a psychiatric disorder, however, the disturbance must cause clinically significant distress or impairment in

emotional, social, occupational, educational, or otherwise important areas of functioning (2017). In children, this is also observable as a loss of acquired skills (i.e. an impact on the child's developmental functioning, such as the ability to speak), as well as its persistence for a certain amount of time (APA, 2017).

Chapter 3: Proposed Application

Purpose and Rationale for Project

The goal of this project is to create a comprehensive and strategic business plan for an organization in Iganga, Uganda that will eventually provide shelter, education, and basic needs for vulnerable street children in the area. Information included in the business plan includes the logistics of the organization, a strategic plan, and a theory of change. The idea behind this business model comes from the lack of resources and support throughout Uganda focusing on mental health, trauma, and overall well-being. The organization hopes to promote growth and development through positive mental health practices as well as education and life-skills training. We believe that rehabilitation for these children can only occur when we fully recognize their situation and support them from the inside-out.

The theory of rehabilitation and reintegration is broken up into five major categories: education and life-skills, mental health counseling, vocational training, reconciliation and healthcare. Each category contributes to the holistic development of each child and the community. We hope that this business plan will bring forth an organization that breaks hateful stigmas towards street children and is one that the community is proud of.

First and foremost, two local Ugandans, Paul and Philip, and myself fostered the idea behind this organization. It was important for me that the organization starts and ends with local ownership. Our plan is that Uganda's people are not just recipients but also implementers. This,

after all, is the only way to ensure long-term sustainable change. Having local ownership means that we can build a strong foundation, create lasting partnerships, and develop programs that are meaningful, sensitive of cultural differences and understandable to everyone. Paul, Philip, myself, and the community will have equal say in the development of the organization so that we can create something everyone has put effort and heart into. By creating something with the local community, there is a reason to preserve it. Local ownership halts the idea of "hand outs" and promotes hard work to keep it going. For these reasons, I chose to work with Paul and Philip because of their education, skills, and background in working with at-risk youth.

Paul Mala was born and raised in Iganga, Uganda and is known throughout the community for his undying love and passion for bettering the livelihoods of children. He, himself had a troubled childhood as an orphan and has dedicated his life to doing the best he can to make sure no child has a similar experience. Paul received his Bachelor's degree in Development Studies and Education at Busoga University in 2010. Today, he is a professor at the same University and the Executive Director at Our Village Uganda. On weekends, Paul and his wife also work as administrators at community's largest church, Bible Church Iganga.

Philip Njoroge was born in northern Uganda and lived there for 30 years before resettling with his family in the Tororo district to evade the brutal war in the north. In 2000, Philip received his BA in Theology at the Ugandan Christian University in Mukono. Additionally, he received a Diploma in Pastoral Counseling and a Ugandan Education Certificate at the Uganda Baptist Seminary. At the seminary, he practiced holistic approaches to counseling children and family's who have lost loved ones. He continued to practice grief counseling and child development at Uganda Counseling and Support Services (UCSS) in Kampala before returning to his family in Tororo, where he established his own Baptist church and Sunday school. In addition to being a

Pastor and running a church, Philip volunteers with several NGOs that work to promote the well-being of children and the disabled. I met Philip while he was assisting Our Village Uganda in developing a resource management team and leading Sunday payer sessions. Philip's multi-dimensional trainings and experience with children, grief, counseling, education and religion prove him to be an excellent leader and teacher than can benefit the program in many different ways.

Theoretical Framework

The purpose of this project is to establish a shelter in Iganga, Uganda that protects and rehabilitates children that have been living on the street through: (1) Reconciliation and Re-integration (2) Protection (3) Education (4) Social/Emotional Therapy (5) Spiritual Healing (6) Vocational/Trade skills and (7) Physical Health. The project also hopes to provide immediate needs such as food, clothing, and emergency medical care.

A comprehensive monitoring and evaluation system will be put into place to examine the project. A Quick Books financial tracking system will be created to further monitor financial standing and cash flow. To safeguard against any possible financial mismanagement, the project will ensure that there are clear policies and procedures governing finances. Additionally, the project will work to assure that financial procedures comply with Generally Accepted Accounting Principles, and are maintained in a secure manner. The project will also develop half-year and annual comprehensive progress reports to monitor financial status and project initiatives so that participating donors can review how donations have been spent in accordance with the vision of the center.

In order to fully comprehend a street child's situation in Uganda, four research questions were created in order to determine factors related to the street children phenomenon and how best to combat the issue. For this reason, this study tries to answer the following queries:

1. What are the factors that cause children to live, sleep, and work on the streets of Uganda?
2. What are the factors that affect their lives?
3. What are the risks associated with being a street child in Uganda?
4. What is already being done to protect a street child's wellbeing in Uganda?

Chapter 4: Project Design

The research stated throughout this paper has been taken into consideration when planning this organization. With the intentions of building a sustainable and scalable program to increase the quality of coverage and services to Uganda's street children, the project design includes five areas in which we begin by providing the essential services over a two-year plan and then continue to strengthen each sector and provide more services. In order for the organization to succeed, we must provide services that consider all aspects of a street child's life. We have chosen to focus greatly on education, rehabilitation, and reconciliation in order to provide a wholesome program that maintains the child's dignity and promotes their overall well-being.

Education and Life Skills

Our first program is Education. We believe that education is the only way out of the cycle of poverty. Sadly, even though universal primary education has been established in Uganda, many students still drop out of school. Several studies on the Ugandan education have proven that many children never complete primary school for a series of reasons, the primary reason being poverty. Children who come from homes living in poverty often cannot afford school fees, uniforms, writing utensils or even shoes (UNESCO, 2016). Some children even fail to complete homework at night for lack of adequate lighting (Solar AID, 2014). Additionally, once children are old enough, their families may have them begin working to help support the family. Young girls are also kept home to take care of siblings and help with housework (UNESCO, 2016). Furthermore, the education system itself is faced with several issues. Even for students who do have the means to attend school, you will hear them complain of long academic terms, and

unreasonably tough semester tests that can only be taken one day a year. If students fail to show up for the test or do not meet the grading requirements, they are kept back to repeat that grade (African Population and Health Research Center, 2016). On average, schools are congested with an average of 80 students in one classroom with incredibly underpaid teachers and staff (The World Bank, 2016). To counter some of this, hundreds of privately owned schools rose through Uganda. The downfall, however, is these schools are often expensive boarding schools that the average child cannot afford.

For street children, the option for schooling disappears entirely. Without shelter or a family, education is simply not a priority. After spending several years on the streets, a child might be held back and sitting amongst other students that are half their age. This deters even street children who have been rehabilitated to want to reenter the education system. For this reason, we have decided to develop a program where students will have the choice of which partner school they would like to attend (Musana Primary School or Our Village Uganda) but first will be enrolled in a 3-6 month Educational Prep program focused on the student's reintegration into education. The Educational Prep program will boost students confidence socializing with other students, reinstall classroom etiquette, and work with the students on developing their basic math, science and language skills. While social reintegration programs have become common among NGOs working with child soldiers in Uganda and other developing countries, there has yet to be a reintegration educational preparatory program in the country. This is mainly because similar organizations such as Save Street Children Uganda (SASCU), have their own primary and secondary schools with teachers qualified in trauma rehabilitation and psychotherapy. There is, however, a program in southeast San Francisco, CA that provides a comprehensive, multi-level school based prevention an intervention program for

children who have experienced trauma (UCSF, 2015). The Healthy Environments and Response to Trauma in Schools (HEARTS) program works collaboratively with schools and teachers to decrease trauma related difficulties and provides courses for students to learning coping mechanisms for their trauma. The HEARTS team believes that "unaddressed trauma can result in school absences, poor academic performance, attention deficits, difficulty in self-regulation and dropping out"(USFC, 2015). Therefore, they provide individualized and group therapy sessions during school to prepare students for classroom situations that could become stressful or a trigger for their trauma. Similarly, we want to provide students the skills and coping strategies to regulate their emotions and behavior. By providing a preparatory program, we can ensure the students' educational needs are properly addressed in a safe, nurturing environment. After the preparatory course, students will move on to their school of choice. Fees will be provided by the organization.

Lastly, students will take life skills classes at our organization. Teaching life skills will empower the students to succeed and live a healthy lifestyle. The Ugandan Ministry of Education and Sports believes that life skills education is "an integral part of the education curricula in Uganda" (Ministry of Education and Sports, 2011, p.3) Concepts will include understanding morals and ethics, reproductive education, career workshops, safety and emergency, nutrition, dental and hygiene care, savings, critical thinking, religion, and disease prevention. The curriculum for the life skills courses will be based of the most recent Life Skills Curriculum for Primary School Teachers in Uganda Handbook provided through the Ministry of Education.

Mental Health

Uganda's population suffers from deep emotional, psychological, and social wounds. The country has been through wars, genocides, corruption, extreme poverty, racism, and mass violence. As a result, millions of people have been emotionally as well as physically affected from the trauma. Those who experienced the war in the north suffer from even greater depression. Many of the women, girls and some men have endured sexual violence and thousands of children were abducted by the LRA and forced to commit atrocities against their families and friends. Similar to many low-income African countries, psychiatric help is relegated to major urban centers, leaving most of the country neglected. Uganda has only 1.83 beds in mental hospitals, 1.4 beds in community-based physiatrist units, and .42 beds in forensic facilities per 100,000 people (World Bank, 2017). Furthermore, if an individual did wish to seek psychiatric help, the only centers in Uganda practice archaic methods of rehabilitation and cost a fortune. Additionally, there is a harsh negative stigma against those who need to be seen for mental health. The community often writes those seeking help off as "crazy" or "possessed". This forces many Ugandans suffering from PTSD, depression, anxiety, and all other mental illnesses to retreat to their homes and avoid society.

Therefore, our second focus will be on mental and emotional healing. The emotional toll from traumatic events can cause intense, confusing, and frightening emotions. Children who have ended up surviving on the street may feel numerous emotions such as fear, anger, shame, guilt, helplessness, sadness, abandonment, and anger. Once a child enters our organization, we want to make sure their mental and emotional well-being is a top priority. Children will be evaluated by local counselors and encouraged to partake in healing activities such as art and music therapy, yoga, sports, and group therapy. The group therapy initiative is an integral part of

our rehabilitation efforts, with supportive discussions formed around specific vulnerabilities, such as abandonment, child soldiers, HIV, and domestic violence. We aim to rebuild dignity and assurance with each child by focusing on their holistic rehabilitation

Vocational Training

There is an urgent need to find solutions to the growing youth unemployment and food insecurity throughout Uganda. Agricultural and trades education have fallen short in many of the poorest regions. Studies show that teachers are ill prepared to engage students, and motivate them towards careers in the trades because of the growing promise and higher accessibility of a college education (James, Hayward, Winterbottom, 2017). More than 500,000 students will graduate in Uganda this year and scramble for nearly 90,000 job openings (BTVET, 2013). Most of these youth will end up in the agriculture sector which employs over 66% of the population (UBOS, 2014). However, the agriculture market remains uncompetitive with high post harvest losses and high levels of unskilled labor (BTVET, 2013). By training individuals in agriculture, carpentry, technology, and entrepreneurship, we can expand the markets in Iganga and lower youth unemployment. Children who have completed their primary schooling but either do not qualify for secondary school or cannot attend for another reason, are encouraged to join formal vocational training institutions in order to acquire skills and certifications. Vocational programs in Iganga include agriculture, carpentry, mechanics, cobbling, brick making, barbering, tailoring and welding. Our program will provide each student with the start up fees and tools and skills to be successful in their training.

Reconciliation

While we plan to provide as many services as possible in a loving, caring, and safe environment, there is no debating that the best place for a child's development is with their family. In a study done just last year in sub-Saharan African, the International Journal of Mental Health and Addiction found that orphans not living with family members and receiving institutional care were significantly less likely to be in school and go to bed hungry. Additionally, orphans had increased internalizing problems compared to children living with family members (Danhoundo & Khanlou, 2016). Institutional care has proven to have several negative outcomes and so it should stay a last resort. It is important to us that we do whatever we can to trace the family each child came from. From there, we can return home with them and assess each situation to determine whether or not reconciliation is appropriate. Understandably, reconciliation with the child's family is not always the best solution. Some children may come from abusive households where reconciliation will not be an option. However, when reconciliation is deemed possible, we plan to work with the local community to ensure that the family receives adequate support. In cases of extreme poverty, we will suggest skills development to empower the adult family members. Even though a child may be resettled with their family members, a caseworker will continue to monitor their progress to ensure they do not end up back on the streets.

Healthcare

As previously stated in the review of literature, the healthcare system in Uganda has many flaws. Street children live in gruesome conditions and receive little to no medical attention. Their lack of adequate shelter or nutrition, poor hygiene, and possible drug abuse and

unprotected sexual activity leave them at constant risk for disease and sickness. As part of our ten-year strategic plan, our organization would like to build an affordable and safe medical facility for the Iganga community. For now, however, we will make sure each child that joins our organization is seen by a doctor and fully tested for malaria, HIV, and other illnesses.

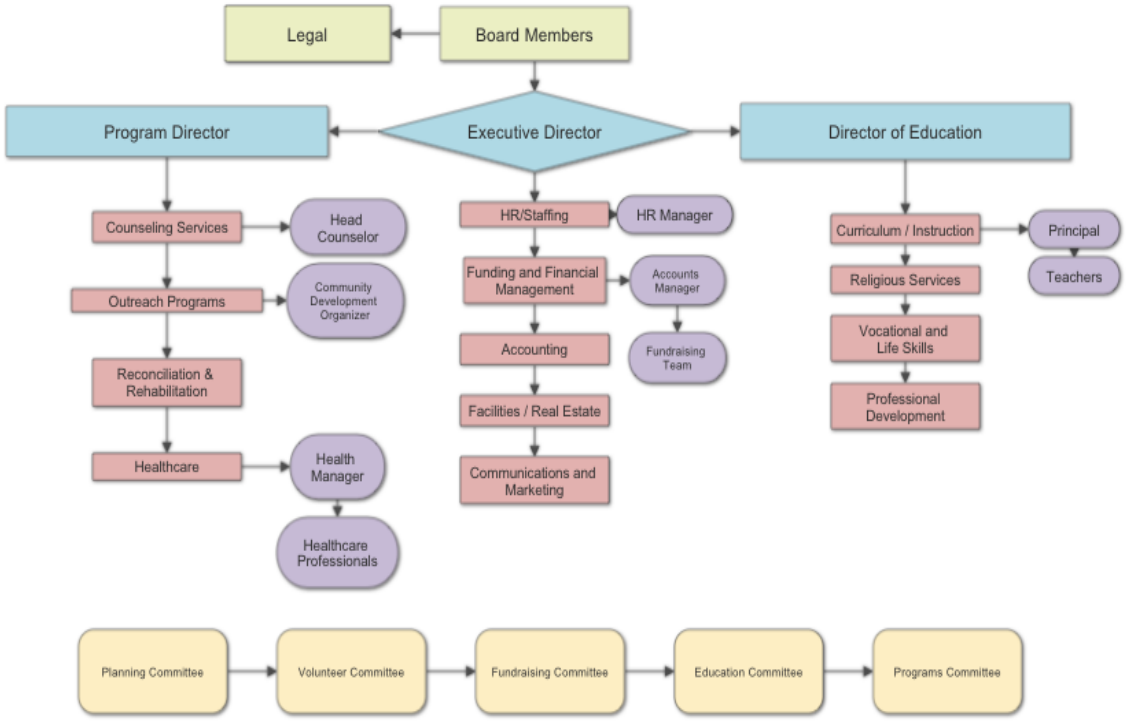
Project Implementation

Program Implementation		
Education and Life Skills		
Program	**Description**	**Staff**
Educational Preparation Program	Prior to attending a local school, students will be enrolled in a 3-6 month program to assist them in reintegrating into the classroom. Students will review basic learning principals after determining their grade level upon completing placement tests in each area of study. The preparation program is focused on creating a stress free learning atmosphere where students can build their confidence in learning, socializing with other students, and practice classroom etiquette. Teachers in the program will work to develop personalized lesson plans in order to develop each student's skills in Math, Science, Reading and Language.	1 Certified Primary School Teacher 1 Certified Secondary School Teacher
Primary and Secondary School	Eventually, Matumaini plans to build a primary school of our own. Until then, students will be attending local private schools. We chose private education because boarding and private schools in Uganda offer the best education and are the preferred type of schooling when a family can afford the costs. Government schools often lack educational materials, have large class sizes, and generally perform poorly in national exams. Placing our children in local private schools will give them the best chance for a better education, life, and future.	Outsourced to nearby private schools.
Life Skills	During school breaks, Matumaini's teachers and staff will provide life skill classes to teach essential concepts and skills to the students. The	1 Certified Secondary School Teacher

	class will cover a new topic each week. Students will have a chance to discuss reproductive health, hygiene, ethics, savings, religion, disease prevention, and critical thinking. Students will spend some time in the classroom but most of the time going on field trips or applying the learned skills in hands on activities. The goal of the life skills course is to empower the students as well as provide them with a wholesome education	
Mental Health Counseling		
Primary Evaluation	A psych-evaluation will be immediately performed when a child enters our organization. The first evaluation will be used to determine the child's history and background living on the streets. The primary evaluation could take place over several meetings and interactions.	Certified Ugandan Psychologist and Matumaini Social Worker
Counseling Services	A social worker or psychologist will be available at all times to talk with the children and provide necessary treatments.	Certified Ugandan Psychologist and Matumaini Social Worker
Group Therapy	Each child is encouraged to attend group therapy sessions that will take place through group discussions and activities. Children can participate in art therapy, dance and music therapy, yoga and sports. Therapy sessions will be lead by an instructor specialized in that area as well as the social worker on staff.	Certified Therapist and Social Worker
Vocational Training		
Vocational Training Program	Students who have completed their primary education but choose not to continue to secondary education are encouraged to continue learning in a vocational program in Iganga. Iganga offers several training programs in infrastructure, beauty, mechanics and technology. In order to join a training program, however, the student must meet with a Matumaini staff member once a week to discuss their goals and achievements. Additionally, students will participate in the life-skills classes to learn about savings, business management and more.	1 Certified Secondary Teacher
Reconciliation		

Primary Reconciliation	Children will meet with a social worker upon arrival to Matumaini. The social worker will work with the psychologist to determine whether or not the child has a family or close relative to return to. Reconciliation will occur after the family is visited by the social worker and one of the directors. Families with stable homes (determined by the staff) will be encouraged to have a reconciliation meeting with their child. If all goes well, the child will be able to return home to their family and will be closely monitored and visited by a staff member or their caseworker.	Certified Social Worker and Director
Family Program	In order to assure our children will not end up on the street for a second time, we want to provide their families with life skills training. A separate life-skills course will be offered to parents so they can develop life-skills and vocational training. Some of the vocational training will include carpentry and tailoring.	1 Certified Secondary Teacher 1 Vocational Skills Coach
Healthcare		
Healthcare Facility	Eventually, Matumaini would like to open a healthcare facility. Currently, Iganga has one private healthcare center and one government run hospital that lacks resources, money, and personnel. Both facilities receive an overwhelming number of patients and are unable to provide enough services. Additionally, street children are unable to receive any services at all because of the cost. In order to combat the dire need, Matumaini would like to open a health facility centered on affordable and quality pediatric care. The facility will offer immunizations, testing, minor surgeries, psychiatric care, dentistry, and radiology.	Executive Director

Tumaini Organizational Structure



YEAR 1		
Task	**Responsible**	**Timeline**
Infrastructure		
Build Community Center	Executive Director	Month 1-3
Build Two Dorms	Executive Director	Month 1-3
Build Education Building	Executive Director	Month 3-5
Build Kitchen and Offices	Executive Director	Month 3-5
Build Staff Quarters	Executive Director	Month 5-6
Dig Water Holes	Executive Director	Month 1-2
Build Compost Bathrooms	Executive Director	Month 2-3
Purchase Vehicle	Program Director	Month 1-3
Furnish Buildings	Education Director	Month 5-6
Purchase School Materials	Education Director	Month 5-6
Staffing		
Develop Board of Directors	Directors	Months 1-3

in Uganda		
Begin Developing Board of Directors in U.S.	Executive Director	Months 1-12
Hire Administrative Staff	Directors	Months 3-5
Hire Teachers	Directors	Months 3-5
Hire Kitchen Staff	Directors	Months 8-12
Hire House Staff	Program Director	Month 8-12
Train New Staff	HR Manager / Directors	Month 6-7, 8-12
Develop Goals	Leadership	Month 6-7
Build Committees	Directors	Month 3-12
Financial		
Build Partnerships	Directors	Months 1-12
Find Community Partners	Directors	Months 1-12
Grants	Directors	Months 1-12
Hold Stateside Event(s)	Executive Director	Months 1-12
Establish Nonprofit Status	Executive Director	Month 1-2
Establish CBO Status in Uganda	Executive Director, Program Director	Months 1-6
Services		
Recruit 50 Children	Program Director, Education Director, Head of Counseling	Months 9-12
Develop Curriculum	Education Director	Months 3-6
Conduct Focus Groups to Determine Education Levels	Education Director	Months 1-3
School Opens	Education Director	Month 12
Begin Counseling Program	Program Director	Month 9
Begin Vocational Training	Education Director	Month 12
Begin Recreational Programs	Education Director	Month 12
Marketing		
Create Fundraising Campaign (GoFundMe, Indigogo)	Executive Director	Prior and 1-6
Create Website	Executive Director, Consultant	Months 3-6
Social Media	Executive Director	Months 3-6
Press Release	Executive Director	Months 3-6
Create Monthly Newsletter	Executive Director	Months 3-6
YEAR 2		

Staffing		
Hire Medical Staff	Programs Director	Months 6-12
Hire Farm Staff	Executive Director	Months 6-12
Create Board in U.S.	Executive Director	Months 1-12
Infrastructure		
Purchase Farm Land	Directors	Months 6-12
Clear Farm Land	Directors	Months 6-12
Build Vocational Building	Directors	Months 6-12
Furnish Vocational Building	Directors	Months 9-12
Services		
Evaluate Education Program	Education Director	Month 6
Evaluate Curriculum	Education Director, Principal	Month 6
Begin Community Programming	Program Director, Project Coordinator	Months 6-12
Evaluate Counseling Program	Program Director, Executive Director	Months 6-12
Evaluate Vocational Training Program	Education Director, Program Director	Months 6-12
Prepare Annual Report	Directors	Months 9-12
Financial		
Begin Sponsorship Program	Executive Director, Education Director	Months 1-12
Build Partnerships	Executive Director	Months 1-12
Marketing		
Create Fundraising Campaign	Executive Director	Months 1-12
Create/Market Sponsorship Program	Executive Director, Education Director	Months 1-12
YEARS 3-5		
Infrastructure		
Purchase Land of Healthcare Center	Executive Director	Years 3-5
Build Healthcare Center	Program Director, Healthcare Team	Years 3-5
Build 2 Additional Dorms	Executive Director	Years 3-5
Build Primary School	Education Director	Years 3-5

Services		
Begin Running a Primary School	Education Director	Years 3-5
Develop Primary Education Curriculum		Years 3-5
Register as a Primary School in Uganda	Education Director, Executive Director	Years 3-5
Begin Running Healthcare Center		
Develop Program for Street Girls and Abandoned Teen Moms	Directors	Years 3-5
Develop Volunteer Program	Program Director	Years 3-5
Financial		
Raise $15,000 for Healthcare Center	Executive Director, Fundraising Committee	Years 3-5
Fundraise for Additional Programming	Executive Director, Fundraising Committee	Years 3-5
Recruit 50-100 Additional Children	Education Director, Counselor	Years 3-5
Staffing		
Hire Principal	Education Director	Years 3-5
Hire Additional Teachers	Education Director	Years 3-5
Hire Program Coordinators	Directors	Years 3-5
Hire Medical Staff	Directors	Years 3-5

Chapter 5: Ethical Considerations and Safeguards

Working with and studying street children presents itself with multiple challenges and difficulties that cannot be overstated. In order to ensure the children's' safety, there are several ethical concerns we must address:

1. **Recruitment:** Our organization will work with the community and our social workers to do recruitment and outreach. Any homeless, parentless, or child without an adequate shelter or guardian, under the age of 18 is eligible to join our organization. Trained and qualified Ugandan social workers will work to build a relationship with the Iganga community and recruit children from off the streets.
2. **Street Girls:** After completing much research on the state of street children in Uganda and around the world, it has become obvious that we will need additional and possibly separate services for street girls. Girls living on the streets of Uganda have a higher chance of participating in illicit sexual activity, rape, and sex trafficking. This means that the girls are more susceptible to pregnancy, at-home abortions, and sexually transmitted diseases. Additionally, the stigma of a street child, especially one that is or was pregnant or sexually abused is far greater than that of other street children. Street girls are often abandoned entirely from their family and peers after being deemed "unclean" or no longer a virgin. This also means that street girls are even less likely to receive an education. For these reasons, we feel it is necessary to eventually establish a separate shelter and school tailored to the specific needs of street girls.
3. **Reconciliation:** The children we will be working with will most likely be coming from extremely sensitive circumstances. Additionally, many of the communities in Uganda are conflict-affected and still healing from the effects of the war. If we do not approach

reconciliation with sensitivity, we could possibly traumatize a child for a second time. In order to minimize risk and potential harm, Paul, Philip, our social worker and I must be diligent when meeting with families, doing everything we can to make sure we are placing a child back in a family that is safe and welcoming.

4. **Cultural Divide:** There are several concerns that arise with me being the researcher as well as one of the co-founders of the organization. As an outsider and not a Ugandan citizen, I will run into ethical challenges with trust in the community. I have never been in the extreme vulnerable situations that the children I plan to work with have been. This means that I will be relying heavily on my two co-founders to guide me.

Chapter 6: Conclusion

Today, tens of million of children are living and working on the world's streets. Due to population growth and poverty, these numbers continue to rise, intensifying urbanization and migration. In the developing world, children left without supervision or care are pushed to live in slums where they fall into the cycle of poverty. These children are forced to live in work in appalling circumstances where they face abuse and exploitation. Some of the most pressing challenges street children face include poor health, disease, lack of food, water, or health services, violence, sexual abuse, and dangerous living conditions.

While there are many NGOs working throughout Uganda to help vulnerable children, there are very few with a focus on street children. That is why it is imperative that something is done to alleviate some of the challenges street children in Uganda face. By creating an organization with initiatives that will empower street children, we are assisting them in regaining ownership of their lives and a better chance at improving the lives of others.

This project will provide the necessary information to build and develop an organization in Iganga, Uganda that will shelter and support street children. By providing this information, we will reduce the number of vulnerable youth on the streets and prevent them from living in situations with violence, prostitution, substance abuse, and exploitation. The children will be in a safe environment where they can grow and thrive because they will be given the support and assistance they need.

Lastly, the creation of this project will help break the negative stigmatizations around street children, vulnerable youth, and mental illness by creating a discussion and providing positive outcomes. Community involvement is integral to the success of the organization so it is important that we keep the Iganga community involved in every step we make. We want this

organization to be something the community is proud of and happy to be a part of. Before the AIDS outbreak, the community of Iganga would take in all children in need, whether they were an orphan, abandoned, sick, or impoverished. If a child were in need, another family in the community would foster that child and raise them as their own. We want to bring back that culture of community upbringing by creating an organization the community respects and admires.

References

African Population and Health Research Center. (2016). *Data for development in africa*. Retrieved from http://aphrc.org/post/events/data-development-africa

American Psychiatric Association. (2016). *What is mental illness?* Retrieved from https://www.psychiatry.org/patients-families/what-is-mental-illness

AMREF. (2016). *Keep up the fight against malaria.* Retrieved from http://amref.org/news/news/keep-up-the-fight-against-malaria/

Ansell, N. (2016). *Children, youth and development.* Routledge.

Aptekar, L., & Stoecklin, D. (2014). *Street children and homeless youth. A cross-cultural perspective* [DX Reader version]. Retrieved from http://www.springer.com/us/book/9789400773554

Ardington, C. (2005). Orphanhood and schooling in South Africa: trends in the vulnerability of orphans between 1993 and 2005. *Econ development culture change*.doi:10.1086/650414

AVERT, (2015). HIV and AIDS in Uganda. Retrieved from: https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/uganda

Baddorf, Z. (2017) *Uganda ends its hunt for joseph kony open handed.* The New York Times.

Best, J. (1999). *Troubling children. Studies of children and social problems.* [DX Reader version]. Retrieved from https://www.bookdepository.com/Troubling Children/9780202304922

Bhukuth, A., & Ballet, J. (2015). Children of the street: why are they in the street? How do they live? *Economics and Sociology,* Vol. 8, No 4, pp. 134-148. DOI:10.14254/2071-789X.2015/8-4/10

Bourdillon, M., Levison, D., Myers, W., White, B. (2010). *Rights and wrongs of children's work*. Rutgers University Press. Retrieved from http://www.jstor.org/stable/j.ctt5hj7n8

Brookings. (2016). *Educate! annual report.* Washington, DC.

BTVET. (2013). *Skilling uganda: strategic plan 2012/2013*. Kansanga, Uganda.

Catani, C., Schauer, E., Elbert, T.,Missmahl, I., Bette, J. P., Neuner, F. (2009).War trauma, child labor, and family violence: life adversities and PTSD in a sample of school children in Kabul. *Journal of Traumatic Stress*, 22(3), 163–171. Doi: 10.1002/jts.20415.

Christiansen C. (2005). Positioning children and institutions of childcare in contemporary Uganda. *African Journal of AIDS Research*, 4(3),173-82 doi:10.2989/16085900509490356

Colby et. al. (2004). Adolescent alcohol misuse: Methodological issues for enhancing treatment research. Addiction 99 (2), 47–62

Crombach, A., Bamonye, M., Elbert. (2014). A study on reintegration of street children in burundi: experiences violence and maltreatment are associated with mental health impairments and impeded educational progress. *University of Konstanz.* Konstanz, Germany.

Council of the Baltic Sea States (2003). Meeting "children on the street"; Ministry of Education, Russian Federation Council of the Baltic Sea States Working group for cooperation on children at Risk; Moscow 27th to 29th of April 2003 retrieved from http://www.childcentre.info/projects/street_children/dbaFile11658.pdf

Cumber, S, N., Tsoka-Gwegweni, J, M. (2015). The health profile of street children in africa: a literature review. *Department of Nursing and Public Health.* University of Kwazulu Natal Durban, South Africa

Christiansen C. (2005). Positioning children and institutions of childcare in contemporary Uganda. *African Journal of AIDS Research, 4*(3),173-82 doi:10.2989/16085900509490356

Cummings, J., Wen, H., Druss, B. (2011). Racial/ethnic differences in treatment for substance use disorders among U.S. adolescents. *Journal of the American Academy of Child Adolescent Psychiatry.* doi:10.1016/j.jaac2011.09.006

Cunningham, G., Mathie, A. (2002). Asset-based community development – an overview. Retrieved from: http://www.synergos.org/knowledge/02/abcdoverview.htm

Danhoundo, G., Khanlou, N. (2016). Family ties and mental health of orphans in ouagadougou. Does the gender of the dead parent matter? Retrieved from: https://doi.org/10.1007/s11469-016-9717-8

Dyregrov, A., & Yule, W. (2006). A Review of PTSD in Children. Child and Adolescent Mental Health, 11(4), 176–184.

Eckart C., Stoppel, C., Kaufmann, J., Tempelmann, C., Hinrichs, H., & Elbert, T. (2010). Patients with PTSD show structural alterations in neural networks associated with memory processes and emotion regulation. Journal of Psychiatry and Neuroscience

Educate!, (2014). Impact evaluation of midline data from *Educate!* randomised control trial. Internal Report. Retrieved from http://static1.squarespace.com/static/520111afe4b0748af59ffc18/t/55ee2fa1e4b03487a6056836/1441673121616/Educate%21+Midline+RCT+data.pdf.

Ennew, J. (1994). Street and working children: A guide to planning. *Save the Children*, London, United Kingdom, Save the Children Press.

Gillespie, S. (2006). Child vulnerabilities and AIDS case studies from south africa. *World Food Programme.* Retrieved from:

https://www.wfp.org/sites/default/files/Child_Vulnerability_and_AIDS_English.pdf

Godfrey, S. (2011). *Joing education provision; A relief of challenge to qualit education services in Uganda.* NLA university. (Masters dissertation)

Handley, G., Higgins, K., Sharma, B. (2009) Poverty and poverty reduction in sub-saharan Africa. *Oversees development institute.* Retrieved from: http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinionfiles/860.pdf

Hermenau K, Kaltenbach E, Mkinga G, Hecker T. Improving care quality and preventing maltreatment in institutional care – a feasibility study with caregivers. *Frontiers in Psychology*. 2015;6:937. doi:10.3389/fpsyg.2015.00937.

Humanium. (2011). *Street children: children living on the street.* Retrieved from http://www.humanium.org/en/street-children/

Human Rights Watch (2014). Where do you want us to go: abuses against street children in Uganda. *Human rights watch.* Retrieved from https://www.hrw.org/report/2014/07/17/where-do-you-want-us-go/abuses-against-street children-uganda

International Crisis Group. (2012). Africa report number 187. uganda: no resolution to growing tensions.

Inter-NGO (1985). *A study of street children in Zimbabwe.* Retrieved from https://www.unicef.org/evaldatabase/files/ZIM_01-805.pdf

Invisible Children. (2014). *History of the war, 1968 to now.* Retrieved from: https://invisiblechildren.com/challenge/history/

Invisible Children. (2014). *Illegal trafficking.* Retrieved from https://invisiblechildren.com/challenge/exploitation/

Invisible Children. (2014). War is hell. Retrieved from: http://invisiblechildren.com

James, O., J., Hayward, G., & Winterbottom, M. (2017). Enhancing students' engagement in vocational agri-science and after-school careers in agricultural business: A case study of Uganda. International Journal of Vocational and Technical Education, *9*(3), 20-30.

Jini, L. Roby, JD. (2011). *Children in informal alternative care.* Unicef.

Kalibala S., Elson L. (2010). Protecting hope: situational analysis of vulnerable children in Uganda. *Final report*. Retrieved from http://pdf.usaid.gov/pdf_docs/Pnadu564.pdf

Kasozi, *Social Origins*, op. cit., pp. 97-103; Joshua B. Ru-bongoya, *Regime Hegemony in Museveni's Uganda: Pax Mu-sevenica* (New York, 2007), p. 40.

Kevin, A. (2014). *Factors associated with inceasing number of street children in kampala*. (Doctoral dissertation).

Kigozi, F., Ssebunnya, J., Kizza D., Ndyanabangi S. (2010). An overview of uganda's mental health care system: results from an assesment using the world health organization's assessment instrument for mental health systems. *International Journal of Mental Health Systems* doi: 2010 4:1.

Kretzmann, P., & McKnight, L. (2009). Building communities from the inside out: a path toward finding and mobilizing a community's assets. *Center for Urban Affairs and Policy Research, Northwestern University*. Retrieved from: http://www.abcdinstitute.org/publications/basicmanual/

Kyomuhendo, M. (2004). *Health communication for development: a study of a malaria information campaign in Uganda* (Master's thesis). Retrieved from https://www.duo.uio.no/handle/10852/27529

Kyomuhendo, S., R., Senabulya, M., Matovu and J. Kiwanuka (2004). Rapid assessment on the nature, prevalence, and other dynamics of child labour within the coffee agricultural sector in uganda: employers' perspective. Kampala: International Labour Office and Federation of Uganda Employers.

Lancaster, P., & Lacaille, G., Cakaj, L. (2011). Diagnostic study of the lord's resistance army. World Bank, Washington DC

Leggett, I. (2001). *Uganda* [DX Reader Version]. https://books.google.com/books/about/Uganda.html?id=tdz9geaMMtkC

Lumu, D. (2017). *1.5 million children in uganda are homeless.* New Vision Retrieved from http://www.newvision.co.ug/new_vision/news/1435840/15m-children-uganda-homeless ngo

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work. *Child Development, 71*(3), 543–562.

MAAIF (2005) Strategy for Reducing the Impact of HIV/AIDS on Fishing Communities. Entebbe: Department of Fisheries, Ministry of Agriculture, Animal Industry and Fisheries, Republic of Uganda.

Mayenda, T. (2016, February). Personal interview

Margaret, K. (2009). *Combating child labour in uganda: challenges and prospects fom a development perspective.* (Unpublished master's thesis) University of South Africa, Pretoria, Gauteng, South Africa.

Marrengula, M, L. (2010) *Addressin socio-cultural animation as community based social work with street children in maputo, mozambique.* University of Trampere. (Doctorates dissertation)

Margaret, K. (2009). *Combating child labour in uganda: challenges and prospects from a development perspective. Case study: Kisenyi slum, kampala district.* (doctoral dissertation)

Martin, A. (2009). *Exploring the reintegration process for child soldiers: a case study of young women and their children in northern Uganda.* Wilfred Laurier University. (Doctorates dissertation)

Masten, A, S., Best, K., Garmezy, N., (2008). Resilience and development: contributions from the study of children who overcome adversity. Doi: 10.1017/S0954579400005812

Ministry of Gender Labor and Social Development. (2012). *National ovc cross cutting indicators for the year 2012.* Retrieved from http://ovcmis.mglsd.go.ug/home.php?linkvar=Mapping%20Categories&&action=National%20Reports

Missionaries of Africa, (2015). Africa's orphan crisis worsens. *Missionaries of Africa In* Retrieved from http://www.missionariesofafrica.org

MOGLSD (2015) National child labour policy. Kampala: Ministry of Gender Labour and Social Development, Republic of Uganda.

MOFPED, (2004). Poverty Eradication Action Plan (PEAP) 2004/05-2007/08. Kampala: Ministry of Finance Planning and Economic Development, Republic of Uganda.

Nambi, J., Sengendo. (2000). The psychological effect of orphanhood: a study in rakai district. *Faculty of social sciences, Makerere University.*

New Vision. (2014). *Where do they want us to go?* Retrieved from https://www.hrw.org/report/2014/07/17/where-do-you-want-us-go/abuses-against-street children-uganda

NIAAA. (2016). Wernicke-korsakoff syndrome information page. Retrieved from https://www.ninds.nih.gov/Disorders/All-Disorders/Wernicke-Korsakoff-Syndrome Information-Page

NIDA. (2012). Principles of drug addication treatment: a research based guide. Retrieved from https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research based-guide-third-edition/principles-effective-treatment

NIOSH. (2017) *Elements of ergonomics programs.* Retrieved from https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research uganbased-guide-third-edition/principles-effective-treatment https://www.cdc.gov/niosh/docs/97-117/pdfs/97-117.pdf

Nyombi, C., Kibandama, A., Kaddu. (2015). A critique of the uganda mental health treatment act, 1964. *Mental Health La & Policy Journal.* Retrieved from https://poseidon01.ssrn.com/delivery.php?ID

OSAC. (2016). Uganda 2016 crime & safety report. Retrieved from https://www.osac.gov/pages/ContentReportDetails.aspx?cid=19707

Panter-Brick, C. (2001). Street children and their peers: perspectives on homelessness, poverty, and health. In Schwartzman, H. (Ed.) (2001) *children and anthropology: perspectives for the 21st century*. [83–97]Westport, Connecticut; Bergin & Garvey.

Patel, V. (2016). Why mental health matters to global health? Trans cult Psychiatry. 777–89. Doi: 10.1177/1363461514524473.

Platform for Labour Action, (2003). Report of the rapid assessment of the situation of child domestic workers in tororo district. Kampala. Platform for Labour Action.

Schauer, E., Elbert, T. (2010). *The psychological impact of child soldiering*. University of Konstanz, Konstanz, Germany.

Sekandi, A. (2010). A second change for children living on the streets of Uganda. *UNICEF*. Retrieved from http://www.unicef.org/infobycountry/uganda_52304.html

Shalev A. (2009). Posttraumatic Stress Disorder (PTSD) and Stress Related Disorders. *The Psychiatric clinics of North America*. *32*(3), 687-704. doi:10.1016/j.psc.2009.06.001.

Shinoda, H. (2008). *The difficulty and importance of local ownership and capacity development in peace building* (doctoral dissertation). Institute for Peace Science, Hiroshima University (ISSN0386-3565)

Snow, W., Omumbo, J., (2006). Malaria, disease and mortality in sub-saharan Africa. The International Bank for Reconstruction.
Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK2286

Solar Aid. (2014). *Uganda setting up a country programme from scratch.* Retrieved from https://solar-aid.org/wp-content/uploads/2016/09/SolarAid-Uganda-Report-the-first-year 1-2.pdf

Swahn, M. (2012) Serious violence victimization and perpetration among youth living in the slums of Kampala, Uganda. *Western journal of emergency medicine, 13*(3). doi: 10.5811/westjem.2012.3.11772.uciem_westjem_11772.

Tacon, P., & Lungwangwa, G. (1991). Reap a Hundred Harvests: A Study on Street Children in Three Urban Centres of Zambia. *Unpublished.*

Tsotetsi, K. (1998). Street girls: their experiences and perception of services rendered to them. Unpublished dissertation. Johannesburg: University of the Witwatersrand.

Tudorié-Ghemo, A. (2005). Life on the street and the mental health of Street Children: A Developmental Perspective. Johannesburg, South Africa; Dissertation in partial Fulfillment of the requirements for Degree Magister in Psychology; Faculty of Arts, University of Johannesburg.

UBOS. (2010a) The 2009 Uganda population and housing census main report. Entebbe: Uganda Bureau of Statistics, Republic of Uganda.

UBOS. (2010b). Uganda national household survey. *Uganda bureau of statistics.* Retrieved from http://www.ubos.org/UNHS0910/unhs200910.pdf

UBOS. (2014). Census 2014 final report. Retrieved from http://www.ubos.org/2016/03/24/census-2014-final-results/

UCSF. (2015). UCSF HEARTS program: healthy environments and response to trauma in schools. Retrieved from http://coe.ucsf.edu/coe/spotlight/ucsf_hearts.html

Uganda Ministry of Education and Sports. (2011). *Uganda education statistical abstract.* Retrieved from http://www.education.go.ug/files/downloads/Education%20Abstract%202011.pdf

Uganda Ministry of Education and Sports. (2015). *Education for all national review of universal education.* UNESCO.

Uganda Ministry of Health. (2010). *2009/2010 health financing review*. Retrieved from http://www.who.int/health_financing/documents/hsfr_e_10-uganda.pdf

UNAIDS. (2015). *The HIV and AIDS Uganda country progress report 2014.* Retrieved from http://www.unaids.org/sites/default/files/country/documents/UGA_narrative_report_2015.pdf

UNAIDS. (2016). Prevention gap report: uganda. Retrieved from:http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap report_en.pdf

UNESCO (2016). Social and human services: street children. *UNESCO.* Retrieved from http://www.unesco.org/new/en/social-and-human-sciences/themes/fight-against discrimination/education-of-children-in-need/street-children/

UNESCO (2017). Social and human services: street children. *UNESCO.* Retrieved from http://www.unesco.org/new/en/social-and-human-sciences/themes/fight-against-discrimination/education-of-children-in-need/street-children/

UNHCR. (2017). Convention on the rights of the child. Retrieved from http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

UNICEF. (1998) *The state of the world's children 1998.* Retrieved from https://www.unicef.org/sowc/archive/ENGLISH/The%20State%20of%20the%20World 27s%20Children%201998.pdf

UNICEF. (2010). The Uganda national plan of action on child sexual abuse and exploitation. *Ecpat Uganda.* Retrieved from http://www.unicef.org/uganda/National_Plan_of_Action_on_CSEC.pdf

UNICEF. (2011). Annual report uganda. Retrieved from https://www.unicef.org/nutrition/files/UNICEF_Annual_Report_2011_EN_060112.pdf

UNICEF. (2015). Situational analysis of children in uganda. *Ministry of Gender, Labour, and Social Development.*

UNICEF (2016). Orphans and vulnerable children, Africa. *UNICEF.* Retrieved from: http://www.unicef.org/southafrica/protection_6631.html

U.S. Department of State. (2016). 2016 trafficking in persons report: Uganda. Retrieved from https://www.state.gov/j/tip/rls/tiprpt/countries/2016/258884.htm

Walakira, E. (2009*). Interpretation of child labour in uganda: a case of children's work in fishing communities in wakiso district*. (unpublished doctoral dissertation) Universidad Wien

White, R. (2016). *The capabilities approach: fostering contexts for enhancing mental health and wellbeing across the globe.* Doi: 10.1186/s12992-016-0150-3

Woodhead, M. (1999) 'Combating child labour: listen to what children say', childhood 6(1): 27-49.

World Bank. (2004). Skills development in sub-saharan Africa. Washington, DC: Johanson, R., Adams, A.

World Bank. (2015). Uganda at a glance. Retrieved from http://www.worldbank.org/en/country/uganda

World Bank. (2017). Uganda statistics: hospital beds. Retrieved from http://data.worldbank.org/indicator/SH.MED.BEDS.ZS

World Food Program. (2013). Building resilience through asset creation. Retrieved from: http://documents.wfp.org/stellent/groups/public/documents/communications/wfp261744 pdf

World Health Organization. (2015). World report 2015: uganda. Retrieved from https://www.hrw.org/world-report/2015/country-chapters/ugandaamre

World Health Organization. (2016). Key facts about malaria. Retrieved from: http://www.who.int/mediacentre/factsheets/fs094/en/

World Vision. (2007). Karamoja situation assessment. Kampala: World Vision Uganda.

World Vision. (2013). Child labor: children reveal horror of working in mines. Retrieved from https://www.worldvision.org/child-protection-news-stories/child-labor-children-reveal horror-working-mines

MATUMAINI CHILDRENS' HOME

BUSINESS PLAN

SEPTEMBER 2018

MIKAELA DWYER
MA INTERNATIONAL
DEVELOPMENT & SERVICE
CONCORDIA UNIVERSITY

ORGANIZATION

BACKGROUND & HISTORY

The idea behind Tumaini was created in the spring of 2016 when Mikaela traveled to Iganga, Uganda to study humanitarian development in post-conflict societies for her Masters degree in International Development and Service. Her passion for displaced and vulnerable children lead her to intern for Our Village Uganda, a local community based organization focused on addressing the educational needs of poor children in Iganga. While researching more about the causes of child poverty and orphanhood in the area, Mikaela quickly realized the children that were most ostracized from the community were those that lived and worked on the streets. Community members spoke about these children as if they were bringing the community down, halting it rom success. The children were known to be exiled because of the drug abuse and violence but nobody seemed to want to rehabilitate the children, only get rid of them. This negative stigma lead police officers to arrest the children for any reason they could find; drug use, theft, loitering, squatting, talking back, begging, prostitution etc. The children would end up in correctional facilities that focused more on harsh punishment rather than rehabilitation or reunification. It seemed nobody really understood the reason so many children ended up on the street but one thing everyone could agree on was that it was always the child's fault. Mikaela decided to talk to some of the Ugandan development workers she knew and trusted about the epidemic to see what could possibly be done. In the midst of their conversation, she asked them, Paul and Philip, what they would do, if they had the means, to solve the issue of child homelessness. By the end of that day, the three of them dreamt up the idea behind Tumaini.

Purpose

Our purpose is to transform education in Uganda to teach youth to solve issues surrounding poverty and homelessness for themselves and their communities.

Mission

Our mission is to fight poverty, hunger, fear and rejection by providing destitute children with an education, shelter, and safe environment in which they can thrive.

Vision

Our vision is to transform the lives of Uganda's most vulnerable children through equipping them with education, empowering them with self-esteem, and enabling them to break the cycle of poverty and remove the negative stereotypes associated with their circumstances.

Values

Local Ownership, Quality Education, Reconciliation, Compassion, and Forgiveness

GOVERNENCE

LEADERSHIP AND STAFF

Executive Director

The Executive Director is the key management leader of Matumaini. This person is responsible for overseeing staff and administration and programs. The Executive Director will also be responsible for overseeing the annual budget, establishing employment and administrative policies and procedures for the day-to-day operations of Matumaini. Additionally, s/he will serve as the spokesperson stateside to Matumaini's constituents, the media and the general public. It is their responsibility to oversee organizational efforts, communications, strategic planning, and fundraising.

Professional Qualifications:

- A Master's degree in International Development, Nonprofit Management or something in the development field with 3+ years experience in a leadership role at a nonprofit or NGO OR a Bachelor's degree and 5+ years experience.
- Transparent and high integrity leadership
- Solid, hands-on budget management skills, including budget preparation, analysis, decision making and reporting.
- Experience with program monitoring and evaluation.
- Ability to convey Matumaini's mission to staff, donors, the board and volunteers.
- Knowledge of fundraising and marketing strategies and donor relations unique to international nonprofits.
- Strong organizational abilities including: planning, delegating, program development and task facilitation.
- Excellent written and verbal communication skills.

Director of Programs

The Program Director will oversee all of Matumaini's programming and planning as well as general day-to-day programming efforts. S/he will oversee human resources to ensure the organization is meeting staffing needs, including developing ideas and plans to maximize volunteer interest. Additionally, the Program Director will be in charge of monitoring and evaluating programs quarterly in order to better all programming and ensure Matumaini is meeting its mission.

Professional Qualifications:

- A Master's degree in Education, Nonprofit Management, Social Work or something in the development field with 3+ years experience in a leadership role at a nonprofit or NGO OR a Bachelor's degree and 5+ years experience.
- Strong project management skills managing complex, multifaceted projects resulting in measurable success and program growth.
- Demonstrated success in developing and evaluating program models.
- Experience working with education and/or mental health programs.
- Strength in hiring, recruiting, coaching, and retaining individuals and teams.
- Excellent verbal and written communication skills.

Director of Education

The Education Director will oversee all education and reconciliation programs, build partnerships with the community and develop best teaching practices by collaborating with teachers and professionals. S/he will direct and shape the curricula and teaching processes. This position will be in charge of running the prep program, skills development, and all social work services. This person will also be responsible for hiring and evaluating teachers and social workers.

Professional Qualifications:

- A Master's degree in Education, Nonprofit Management, Social Work or something in the development field with 3+ years experience in a leadership role at a nonprofit or NGO OR a Bachelor's degree and 5+ years experience.
- Strong facilitation and group leadership skills.
- Experience working in a leadership capacity with diverse age groups.
- Knowledge of the Ugandan educational system.
- Experience in strategic planning, education planning and team development.
- Awareness and understanding of mental health practices and proedures.

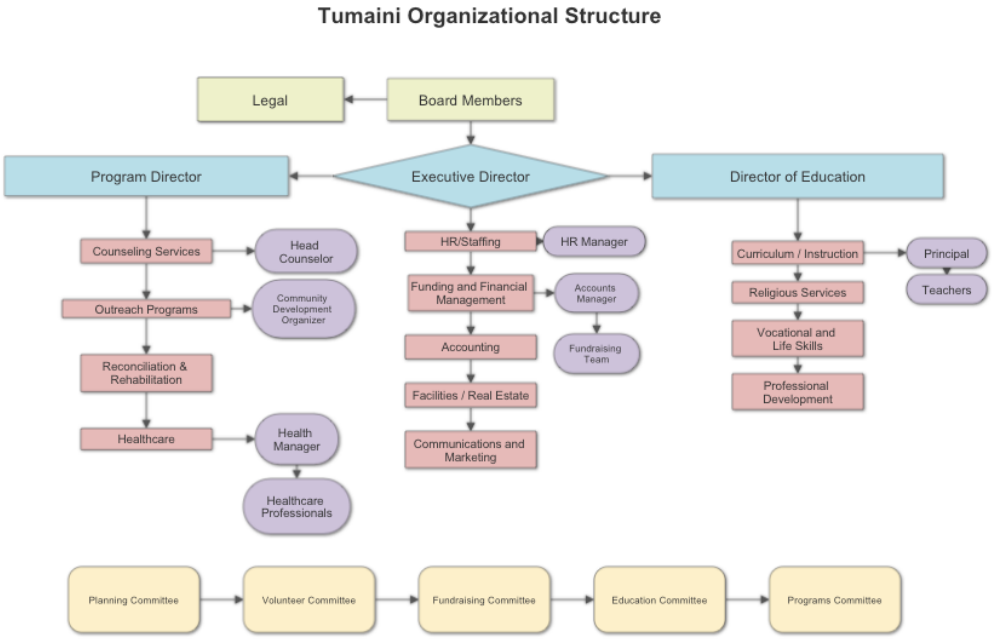
Financial Director

The Financial Director will be responsible for the development, organization, implementation and evaluation of Matumaini's fiscal function and performance. Additionally, this key play will be responsible for implementing and enforcing new policies and procedures for the organization that will achieve effectiveness and assist Matumaini in reaching it's financial goals. Lastly, the Financial Director will collaborate with the Executive Director on fundraising and marketing efforts.

Professional Qualifications:

- A Bachelor's degree in Business, Financial Management, Nonprofit Management or Accounting with 5+ years in a related role.
- Ability to translate financial concepts to – and to effectively collaborate with programmatic and fundraising colleagues.
- Experience in grants management and donor relations.
- Excellent communication and relationship building skills with an ability to prioritize, negotiate, and work with a variety of stakeholders.
- Experience raising and managing finances for nonprofits.

MATUMAINI ORGANIZATIONAL STRUCTURE



STAFFING PLAN

YEAR 1		
Task	**Responsible**	**Timeline**
Infrastructure		
Build Community Center	Executive Director	Month 1-3
Build Two Dorms	Executive Director	Month 1-3
Build Education Building	Executive Director	Month 3-5
Build Kitchen and Offices	Executive Director	Month 3-5
Build Staff Quarters	Executive Director	Month 5-6
Dig Water Holes	Executive Director	Month 1-2
Build Compost Bathrooms	Executive Director	Month 2-3
Purchase Vehicle	Program Director	Month 1-3
Furnish Buildings	Education Director	Month 5-6
Purchase School Materials	Education Director	Month 5-6
Staffing		
Develop Board of Directors in Uganda	Directors	Months 1-3
Begin Developing Board of Directors in U.S.	Executive Director	Months 1-12
Hire Administrative Staff	Directors	Months 3-5
Hire Teachers	Directors	Months 3-5
Hire Kitchen Staff	Directors	Months 8-12
Hire House Staff	Program Director	Month 8-12
Train New Staff	HR Manager / Directors	Month 6-7, 8-12
Develop Goals	Leadership	Month 6-7
Build Committees	Directors	Month 3-12
Financial		
Build Partnerships	Directors	Months 1-12
Find Community Partners	Directors	Months 1-12
Grants	Directors	Months 1-12
Hold Stateside Event(s)	Executive Director	Months 1-12
Establish Nonprofit Status	Executive Director	Month 1-2
Establish CBO Status in Uganda	Executive Director, Program Director	Months 1-6
Services		
Recruit 50 Children	Program Director, Education Director, Head of Counseling	Months 9-12
Develop Curriculum	Education Director	Months 3-6
Conduct Focus Groups to Determine Education Levels	Education Director	Months 1-3
School Opens	Education Director	Month 12
Begin Counseling Program	Program Director	Month 9
Begin Vocational Training	Education Director	Month 12

Begin Recreational Programs	Education Director	Month 12
Marketing		
Create Fundraising Campaign (GoFundMe, Indigogo)	Executive Director	Prior and 1-6
Create Website	Executive Director, Consultant	Months 3-6
Social Media	Executive Director	Months 3-6
Press Release	Executive Director	Months 3-6
Create Monthly Newsletter	Executive Director	Months 3-6
YEAR 2		
Staffing		
Hire Medical Staff	Programs Director	Months 6-12
Hire Farm Staff	Executive Director	Months 6-12
Create Board in U.S.	Executive Director	Months 1-12
Infrastructure		
Purchase Farm Land	Directors	Months 6-12
Clear Farm Land	Directors	Months 6-12
Build Vocational Building	Directors	Months 6-12
Furnish Vocational Building	Directors	Months 9-12
Services		
Evaluate Education Program	Education Director	Month 6
Evaluate Curriculum	Education Director, Principal	Month 6
Begin Community Programming	Program Director, Project Coordinator	Months 6-12
Evaluate Counseling Program	Program Director, Executive Director	Months 6-12
Evaluate Vocational Training Program	Education Director, Program Director	Months 6-12
Prepare Annual Report	Directors	Months 9-12
Financial		
Begin Sponsorship Program	Executive Director, Education Director	Months 1-12
Build Partnerships	Executive Director	Months 1-12
Marketing		
Create Fundraising Campaign	Executive Director	Months 1-12
Create/Market Sponsorship Program	Executive Director, Education Director	Months 1-12
YEARS 3-5		
Infrastructure		
Purchase Land of Healthcare Center	Executive Director	Years 3-5
Build Healthcare Center	Program Director, Healthcare Team	Years 3-5
Build 2 Additional Dorms	Executive Director	Years 3-5

Build Primary School	Education Director	Years 3-5
Services		
Begin Running a Primary School	Education Director	Years 3-5
Develop Primary Education Curriculum		Years 3-5
Register as a Primary School in Uganda	Education Director, Executive Director	Years 3-5
Begin Running Healthcare Center		
Develop Program for Street Girls and Abandoned Teen Moms	Directors	Years 3-5
Develop Volunteer Program	Program Director	Years 3-5
Financial		
Raise $15,000 for Healthcare Center	Executive Director, Fundraising Committee	Years 3-5
Fundraise for Additional Programming	Executive Director, Fundraising Committee	Years 3-5
Recruit 50-100 Additional Children	Education Director, Counselor	Years 3-5
Staffing		
Hire Principal	Education Director	Years 3-5
Hire Additional Teachers	Education Director	Years 3-5
Hire Program Coordinators	Directors	Years 3-5
Hire Medical Staff	Directors	Years 3-5

THE PROBLEM

STREET CHILDREN IN UGANDA

The phenomenon of street children is not a new issue worldwide. The issue of street children has attracted humanitarian, religious, and governmental agencies alike for more than thirty years (Marrengula, 2010). In 1951, the United Nations Educational,
Scientific and Cultural Organization (UNESCO) first coined the term "street child" while referring to transient children following World War II (Panter-°©--Brick 2001), and it was then fiercely discussed in the wake of the International Year of the Child in 1979.
This resulted in the formation of the Inter-°©--NGO Program on street children and street youth in 1982.

In 1986, The United Nations Children's Fund (UNICEF) executive board developed and instated numerous priority measure on behalf of "children in special and difficult circumstances" (Marrengula, 2010) UNICEF added a special emphasis on street children and "developing strategies, which would defend their rights, avoid their exploitation, and respond to their personal, family, and community needs" (Tacon 1991, Panter-Brick 2001). More recently, there has been much scientific discussion on the issue of street children and the children's rights among academics from various fields. Researchers, humanitarians, and NGOs have consistently stayed been puzzled for a solution, focusing their concern on how to generate strategies for child protection, social reintegration, and overall well-being among street children as well as how to reduce risk factors of the phenomenon both locally and internationally (Marrengula, 2010).

The challenge of street children is commonly seen as an issue of developing countries.
Literature often describes street children as children living in a disorganized state, squatting illegally in abandoned buildings or slums, and are often described as psychologically and irreversibly damaged, unable to form relationships, and destined to be emotional and economic disappointments as adults. In her book, "Children, Youth and Development", Ansell writes that while street children run to the streets to avoid problems at home, the consequences of living on the streets end up magnifying their inabilities to find healthy livelihoods (Ansell, p. 178, 2016).

When academics discuss the phenomenon of street children, they firstly address the ongoing challenges in the developing world. With war, genocide, famine, plague, destabilization, weak government structure, limited economic opportunity, and corruption, the world's poorest continues to fall into poverty's cyclical trap. Each of these negative characteristics, children increasingly have nowhere to turn. According to UNESCO, there are up to 150 million street children in the developing world today. UNESCO states that many of the children are "chased from their homes from violence, war, socio-economic collapse, death of a parent, and natural disaster" (2017). UNESCO goes on to mention that in the developing world, there is little assistance to help the most vulnerable children, forcing them to scavenge, beg, and sleep in the polluted slums of some of the poorest countries in the world (2017). NGOs and human rights organizations continue to focus on street children as an issue of the global south. This has created an assumption that the street children phenomenon is not an issue in the developed world, which is simply not true.

The developed world looks at their homeless and abandoned youth in a completely different light, but many studies demonstrate the existence of street children in the United States, Canada, Australia and throughout Europe. One of these studies includes the Council of Baltic Sea States Committee's (2003) report, which mentions the existence of street children in Finland, Germany, Estonia, and so on. In the book "Street Children and Homeless Youth", authors Lewis Aptekar and Daniel Stoecklin discuss the differences and unique challenges between street children in the developed world versus

those living in developing countries. Their conclusion is that it all comes down to resources. In a country like Thailand, a street child has a great chance of ending up in the red light district, selling their body for food. In a country like the United States, a homeless youth can turn to extended family, the department of human services, a foster home, a hospital and so on. One horrific event the authors refer to is the 1993 murder in Rio de Janeiro, where street children were lined up and shot in front of a church in order to "clean up" the streets. (Aptekar, Lewis, 2014). The authors do not argue that the plight of the children should be compared but rather noticed that the situations are just different.

OUR SOLUTION

The goal of this project is to create a comprehensive and strategic business plan for an organization in Iganga, Uganda that will eventually provide shelter, education, and basic needs for vulnerable street children in the area. Information included in the business plan includes the logistics of the organization, a strategic plan, and our theory of change. The idea behind our business model comes from the lack of resources and support throughout Uganda focusing on mental health, trauma, and overall well-being. The organization hopes to promote growth and development through positive mental health practices as well as education and life-skills training.

We believe that rehabilitation for these children can only occur when we fully recognize their situation and heal them from the inside out. The theory of rehabilitation and reintegration is broken up into five major categories: education and life-skills, mental health counseling, vocational training, reconciliation and healthcare. Each category contributes to the holistic development of each child and the community. We hope that this business plan will bring forth an organization that breaks hateful stigmas towards street children and is one that the community is proud of. First and foremost, two local Ugandans and myself fostered the idea behind this organization. It was important for me that the organization starts and ends with local ownership. Our plan is that Uganda's people are not just recipients but also implementers. This, after all, is the only way to ensure long-term sustainable change. Having local ownership means that we can build a strong foundation, create lasting partnerships, and develop programs that are meaningful, sensitive of cultural differences and understandable to everyone. Paul, Philip, myself, and the community will have equal say in the development of the organization so that we can create something everyone has put effort and heart into. By creating something with the local community, there is a reason to preserve it. Local ownership halts the idea of "hand outs" and promotes hard work to keep it going. For these reasons, I chose to work with Paul and Philip because of their education, skills, and background in working with at-risk youth.

PROGRAMS

Education and Life Skills

Our first program is Education. We believe that education is the only way out of the cycle of poverty. Sadly, even though universal primary education has been established in Uganda, many students still drop out of school. Several studies on the Ugandan education have proven that many children never complete primary school for a series of reasons, the primary reason being poverty. Children who come from homes living in poverty often cannot afford school fees, uniforms, writing utensils or even shoes. Some children even fail to complete homework at night for lack of adequate lighting.

Additionally, once children are old enough, their families may have them begin working to help support the family. Young girls are also kept home to take care of siblings and help with housework. Furthermore, the education system itself is faced with several issues. Even for students who do have the means to attend school, you will hear them complain of long academic terms, and unreasonably tough semester tests that can only be taken one day a year. If students fail to show up for the test or do not meet the grading requirements, they are kept back to repeat that grade. On average, schools are congested with an average of 85 students in one classroom with incredibly underpaid teachers and staff. To counter some of this, hundreds of privately owned schools rose through Uganda. The downfall, however, is these schools are often expensive boarding schools that the average child cannot afford.

For street children, the option for schooling disappears entirely. Without shelter or a family, education simply is not a priority. After spending several years on the streets, a child might be held back and sitting amongst other students that are half their age. This deters even street children who have been rehabilitated to want to reenter the education system. For this reason, we have decided to develop a program where students will have the choice of which partner school they would like to attend (Musana Primary School or Our Village Uganda) but first will be enrolled in a 3-6 month Educational Prep program focused on the student's reintegration into education.

The Educational Prep program will boost students confidence socializing with other students, reinstall classroom etiquette, and work with the students on developing their basic math, science and language skills. After the preparatory course, students will move on to their school of choice. Fees will be provided by the organization.

Lastly, students will take life skills classes at our organization. Teaching life skills will empower the students to succeed and live a healthy lifestyle. Concepts will include understanding morals and ethics, reproductive education, career workshops, safety and emergency, nutrition, dental and hygiene care, savings, critical thinking, religion, and disease prevention.

Mental Health

Uganda's population suffers from deep emotional, psychological, and social wounds.
The country has been through wars, genocides, corruption, extreme poverty, racism, and mass violence. As a result, millions of people have been emotionally as well as physically affected from the trauma. Those who experienced the war in the north suffer from an even greater depression. Many of the women, girls and some men have endured sexual violence and thousands of children were abducted by the LRA and forced to commit atrocities against their families and friends. Similar to many low-income African countries, psychiatric help is relegated to major urban centers, leaving most of the country neglected. Uganda has only 1.83 beds in mental hospitals, 1.4 beds in

community-based physiatrist units, and .42 beds in forensic facilities per 100,000 people (PCAF, 2017). Furthermore, if an individual did wish to seek psychiatric help, the only centers in Uganda practice archaic methods of rehabilitation and cost a fortune.

Additionally, there is a harsh negative stigma against those who need to be seen for mental health. The community often writes those seeking help off as "crazy" or "possessed". This forces many Ugandans suffering from PTSD, depression, anxiety, and all other mental illnesses to retreat to their homes and avoid society. Therefore, our second focus will be on mental and emotional healing. The emotional toll from traumatic events can cause intense, confusing, and frightening emotions. Children who have ended up surviving on the street may feel numerous emotions such as fear, anger, shame, guilt, helplessness, sadness, abandonment, and anger. Once a child enters our organization, we want to make sure their mental and emotional well being is a top priority. Children will be evaluated by local counselors and encouraged to partake in healing activities such as art and music therapy, yoga, sports, and group therapy. The group therapy initiative is an integral part of our rehabilitation efforts, with supportive discussions formed around specific vulnerabilities, such as abandonment, child soldiers, HIV, and domestic violence. We aim to rebuild dignity and assurance with each child by focusing on their holistic rehabilitation

Vocational Training

One of the ways to improve the economy for Iganga is by expanding its markets.
Currently, most families are employed through the informal sector and there is very little trade outside the Iganga district. By training individuals in labor, technology, and entrepreneurship, we can expand the markets in Iganga. Children who have completed their primary schooling but either do not qualify for secondary school or cannot attend for another reason, are encouraged to join formal vocational training institutions in order to acquire skills and certifications. Vocational programs in Iganga include carpentry, mechanics, cobbling, brick making, barbering, tailoring and welding. Our program will provide each student with the start up fees and tools and skills to be successful in their training.

Reconciliation

While we plan to provide as many services as possible in a loving, caring, and safe environment, there is no debating that the best place for a child's development is with their family. Institutional care has proven to have several negative outcomes and so it should stay a last resort. It is important to us that we do whatever we can to trace the family each child came from. From there, we can return home with them and assess each situation to determine whether or not reconciliation is appropriate.

Understandably, reconciliation with the child's family is not always the best solution.
Some children may come from abusive households where reconciliation will not be an option. However, when reconciliation is deemed possible, we plan to work with the local community to ensure that the family receives adequate support. In cases of extreme poverty, we will suggest skills development to empower the adult family members. Even though a child may be resettled with their family members, a caseworker will continue to monitor their progress to ensure they do not end up back on the streets.

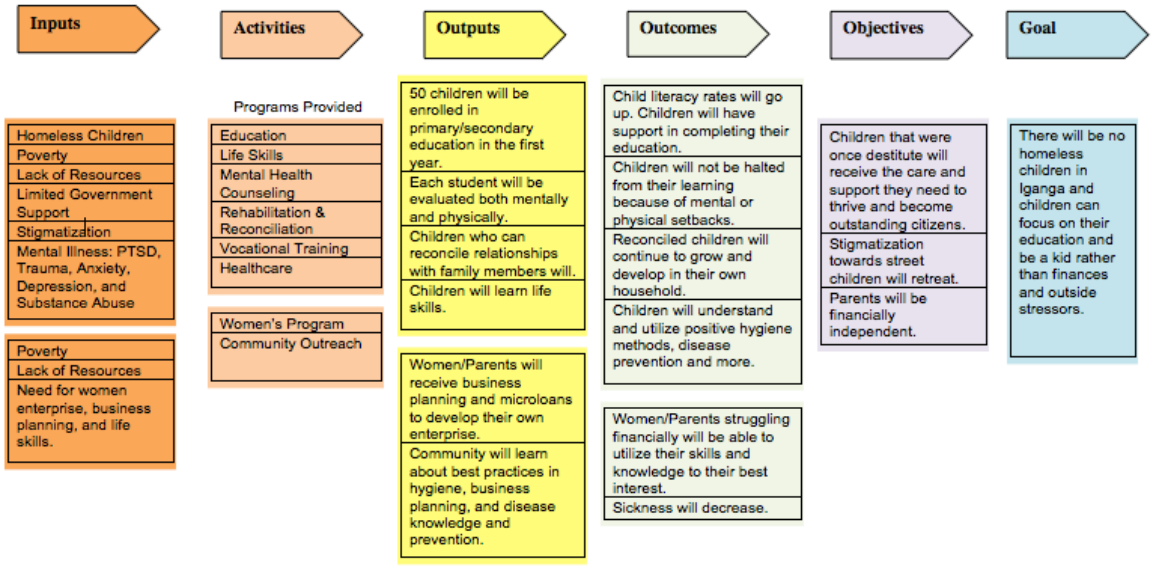
Healthcare

The healthcare system in Uganda has many flaws. Street children live in gruesome conditions and receive little to no medical attention. Their lack of adequate shelter or nutrition, poor hygiene, and

possible drug abuse and unprotected sexual activity leave them at constant risk for disease and sickness. As part of our ten-year strategic plan, our organization would like to build an affordable and safe medical facility for the Iganga community. For now, however, we will make sure each child that joins our organization is seen by a doctor and fully tested for malaria, HIV, and other illnesses.

MATUMAINI'S THEORY OF CHANGE

Tumaini: Theory of Change Diagram



EXECUTION

PROGRAM IMPLEMENTATION

Education and Life Skills		
Program	**Description**	**Staff**
Educational Preparation Program	Prior to attending a local school, students will be enrolled in a 3-6 month program to assist them in reintegrating into the classroom. Students will review basic learning principals after determining their grade level upon completing placement tests in each area of study. The preparation program is focused on creating a stress free learning atmosphere where students can build their confidence in learning, socializing with other students, and practice classroom etiquette. Teachers in the program will work to develop personalized lesson plans in order to develop each student's skills in Math, Science, Reading and Language.	1 Certified Primary School Teacher 1 Certified Secondary School Teacher
Primary and Secondary School	Eventually, Tumaini plans to build a primary school of our own. Until then, students will be attending local private schools. We chose private education because boarding and private schools in Uganda offer the best education and are the preferred type of schooling when a family can afford the costs. Government schools often lack educational materials, have large class sizes, and generally perform poorly in national exams. Placing our children in local private schools will give them the best chance for a better education, life, and future.	Outsourced to nearby private schools.
Life Skills	During school breaks, Tumaini's teachers and staff will provide life skill classes to teach essential concepts and skills to the students. The class will cover a new topic each week. Students will have a chance to discuss reproductive health, hygiene, ethics, savings, religion, disease prevention, and critical thinking. Students will spend some time in the classroom but most of the time going on field trips or applying the learned skills in hands on activities. The goal of the life skills course is to empower the students as well as provide them with a wholesome education	1 Certified Secondary School Teacher
Mental Health Counseling		
Primary Evaluation	A psych-evaluation will be immediately performed when a child enters our organization. The first evaluation will be used to determine the child's history and background living on the streets. The primary evaluation could take place over several meetings and interactions.	Certified Ugandan Psychologist and Tumaini Social Worker

Counseling Services	A social worker or psychologist will be available at all times to talk with the children and provide necessary treatments.	Certified Ugandan Psychologist and Tumaini Social Worker
Group Therapy	Each child is encouraged to attend group therapy sessions that will take place through group discussions and activities. Children can participate in art therapy, dance and music therapy, yoga and sports. Therapy sessions will be lead by an instructor specialized in that area as well as the social worker on staff.	Certified Therapist and Social Worker
Vocational Training		
Vocational Training Program	Students who have completed their primary education but choose not to continue to secondary education are encouraged to continue learning in a vocational program in Iganga. Iganga offers several training programs in infrastructure, beauty, mechanics and technology. In order to join a training program, however, the student must meet with a Tumaini staff member once a week to discuss their goals and achievements. Additionally, students will participate in the life-skills classes to learn about savings, business management and more.	1 Certified Secondary Teacher
Reconciliation		
Primary Reconciliation	Children will meet with a social worker upon arrival to Tumaini. The social worker will work with the psychologist to determine whether or not the child has a family or close relative to return to. Reconciliation will occur after the family is visited by the social worker and one of the directors. Families with stable homes (determined by the staff) will be encouraged to have a reconciliation meeting with their child. If all goes well, the child will be able to return home to their family and will be closely monitored and visited by a staff member or their caseworker.	Certified Social Worker and Director
Family Program	In order to assure our children will not end up on the street for a second time, we want to provide their families with life skills training. A separate life-skills course will be offered to parents so they can develop life-skills and vocational training. Some of the vocational training will include carpentry and tailoring.	1 Certified Secondary Teacher 1 Vocational Skills Coach
Healthcare		
Healthcare Facility	Eventually, Tumaini would like to open a healthcare facility. Currently, Iganga has one private healthcare center and one government run hospital that lacks resources, money, and personnel. Both facilities receive an overwhelming number of patients and are unable to provide enough services. Additionally, street children are unable to receive any services at all because of the	Executive Director

	cost. In order to combat the dire need, Tumaini would like to open a health facility centered on affordable and quality pediatric care. The facility will offer immunizations, testing, minor surgeries, psychiatric care, dentistry, and radiology.	

MARKETING PLAN

Goals

We will need to positively promote Tumaini both in Uganda and state side. Marketing in Uganda will be focused on presenting our organization as a trusting community partner. Marketing in the United States will be focused on gaining awareness, spreading our mission and creating partnerships.

Marketing Goals:

1. Build awareness of Tumaini's mission and impact.
2. Forge partnerships with key partner organizations, donors, policymakers and citizens.
3. Promote events and share press releases.
4. Build our brand.

Actions

1. Monthly Newsletter
2. Website
3. Social Media – Facebook, Instagram, Blog, Snapchat
4. Uganda – Community Open Houses
5. Uganda – Flyers
6. Events

Benchmarks and Measurements

Benchmarks:

1. Finalize partnerships with at least two organizations.
2. Initiate building additional partnerships.
3. Increase website and social media traffic.
4. Receive 100 personal donations.
5. Finalize at least five sponsorships.

Measurement:

1. Receiving regular donations.
2. Active responses on social media.
3. Response rate to direct emails.
4. Change in volume of incoming inquiries on website and social media

Target Audiences

Target Audience:

1. Uganda Residents – Build awareness and trust in the community. Use compassion and reconciliation to break stereotypes.

2. USA Donors – Gather support for Tumaini and Uganda's street children to encourage yearly donations.
3. USA General Public – Raise awareness around the issues street children face in Uganda and globally. Encourage communication and commitment.
4. Leadership Organizations – Connect with local and stateside organizations to build partnerships and communication in order to better serve our communities.

Objectives:

1. Subscribe to our monthly newsletter.
2. Participate in community meetings.
3. Visit us, volunteer with us.
4. Continue additional research.
5. Spread awareness.
6. Collaborate with us.
7. Share their stories.
8. Interact with us on social media.
9. Commit to yearly donations or sponsorships.
10. Attend our events.
11. Partner with us.

Our Message

Benefit Exchange:

1. Provide information and awareness of social issues surrounding street children in Uganda and globally.
2. Volunteer with us.
3. Commit to a social change.

Barriers:

1. We are a new organization.
2. Located outside of the United States.
3. Partners don't trust us yet.

FUNDRAISING PLAN

Title	Details	Cover	Goal	Timeline
Crowdfunding	Crowdfunding will assist the organization with the initial costs. The plan is to start with a solid base from crowdfuncing and then evolve to individual gift solicitations in the future. Prior to launching our GoFundMe campaign,	- Initial fees	$10,000	August 2017 to December 2017

	we will first establish a social media presence, complete our website and get our word out there. Then, we will produce a short video and press release expressing our need, allowing others to make a connection to our organization.			
Partnerships	We will build partnerships with both domestic and international organizations that believe in our mission and as for their support. This will mainly be churches, hospitals and universities.	-Buildings -Programs	$50,000	December 2017 – December 2018
Grants	Kimberly Blair, the grant writer and fundraising coordinator for ImpactNW in Portland, OR has agreed to donate time to assist us in completing our first grants. The first grant we have received is through the African Development Fund.	-Buildings -Admin / staff -Food, water, initial education programs	$100,000	August 2017 - Continued
Fundraising Events	In order to thank future partners and show our year's success, we will hold annual fundraising events in the U.S.	-Continued programs -Food, shelter, and education	$30,000	January 2019 – Continued annually
Individual Donations & Sponsors	Once the organization is up and running, we will solicit donations from individuals through our website.	-Shelter, education, food, clean water and uniforms	$10,000	January 2017- Continued